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Medical, Surgical, and Pharmaceutical

REPOSITORY.

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PART I.

ORIGINAL COMMUNICATIONS.

I.

Observations on the Properties and Uses of Cathartics. By ANTHONY CARLISLE, Esq. F.R.S. Professor of Anatomy to the Royal Academy, London, &c. &c.

(*Concluded from Page 279.*)

As the reader may probably feel alarmed at the continuation of this subject, I shall now make amends for the past prolixity and finish my observations.—From the general statements previously delivered, it must be obvious, that a combination of purgative medicines of different kinds will be often expedient, and that the skill and judgment of the practitioner are required to be exerted to form those suitable compounds which the varying symptoms of diseases require. An excellent Essay has been published in the "Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge," 1793, on the Combination of Medicines, by Dr. George Fordyce. He was indeed a great physician, and an improver of his art; one who valued his integrity far beyond the sordid advantages which accrue from charlatannerie, or the undeserved vulgar fame of common popular men.

The combination of magnesia with manna may be often successfully presented to young children, and the union of these two substances is frequently adapted to the acid state of their stomachs. Senna is usually given in conjunction with other cathartic drugs; its activity when given alone is unsteady, and it often produces violent griping. Purgative

tinctures are seldom to be relied upon, and the heating effects of the spirit, or wine, are often ill suited to the states for which cathartics are given. In all bilious cases I am satisfied that they are improper. Aromatic waters, or those in which acrid essential oils are diffused, seldom agree with the stomach, and I think they do not prevent griping.

When powerful cathartics are suddenly demanded, and when they require to be often repeated for the purpose of carrying off feculent accumulations, the combination of irritating cathartics and hydrogogues is needful. For example, a dram of powdered jalap, two drams of manna, two scruples of cream of tartar, and half a pint of infusion of senna, of this mixture three table spoonsful may be given to an adult, every hour, until it clears the bowels freely, and which can only be known by the feces ceasing to be offensive, or of an unnatural colour. If the urgency of the case does not forbid it, the exhibition of two grains of calomel, twelve hours before the commencement of this clearing purgative, will be often beneficial, especially in all the examples of obstructed bile.—The reader will find much practical information in Dr. Hamilton's Treatise on Purgatives, and be encouraged by him to employ this useful class of remedies more freely and on more frequent occasions.

Convinced as I am by experience that very few inflammatory diseases are purely dependant on either general or local plethora, or on the excitement of the sanguineous system alone, I have been obliged to inquire into the other sources of disorder, and to seek out remedies which are better adapted to remove the remoter causes of inflammation. Whether we adopt some of the reasonings of the humoral pathologists, or endeavour to explain our views of the nature of inflammation by a different routine, still I apprehend that the practical result is nearly the same. Fermented or unduly retained aliment generally either precedes or follows all inflammatory disorders. Under such circumstances the blood is supplied with noxious materials; and hence cathartics and judiciously selected diet or total abstinence, are often of as much importance in the treatment of inflammations as bleeding; indeed, complete abstinence for two or three days is frequently the most effectual remedy. In aged and corpulent persons I have known a repetition of purges for four successive days only to prove just sufficient to clear away the accumulated feces, and even on the fourth day of continued purging, I have seen indigestible substances voided, and which had been taken five days previously. Cathartics also operate sometimes as sudorifics, and in other instances they prove diuretic. Every experienced medical man must have often witnessed the unrelenting dry and hot skin which has yielded directly after a catharsis.

Perhaps all the saline cathartics which contain acids and alkalis operate upon the kidneys by presenting an unusual proportion of extraneous salts to their excretory vessels. It is a certain fact that such extraneous substances are carried off by urine in greater proportions to the volume of fluid, than that in which they had been previously contained in the mass of the blood.

The colour of the feces and the colour of the urine are the sure guides to a knowledge of the condition of the hepatic system. If the urine is of a deep yellow colour, and the alvine evacuations devoid of the yellow tinge, it may be fairly inferred that the bile is either not duly flowing into the intestines, or that its properties differ from those which Nature demands. Superficial, hasty, and inconsiderate men, are too apt to decide that when the biliary system is deranged, mercury is the sure remedy. Unfortunately they do not wait to deliberate, else they might be logically aware, that the liver may secrete more or less of bile, or that its flow might be unduly accelerated or retarded, or that it might be too acrid or defective in that quality: that the passions of the mind might disturb it in all the preceding ways, and thus form a moral cause of disorder, or that it might be invaded by inflammation, chronic or active, or indirectly disturbed by disordered states of the stomach, or even of the bowels. In some of those examples I have known alkalis prove remedial, and in others the mineral acids; in some, exercise; in others, quiet; and in some of those affections, electricity has proved a decided remedy.

When the time is to be watched as a test of the hepatic operations, rhubarb should not be given, as its tinging colour spoils that criterion. When other depositions are to be accurately inquired into, magnesia should not be given, as I am satisfied from constant experience, that it passes through the circulation so as to concrete again in the bladder.

The union of gum resins, such as galbanum and other substances difficult of solution, with active purgatives, tends to augment and to lengthen the duration of their effects, and aid their passage into the intestines with less disturbance to the stomach. Hence aloes, scammony, and calomel, often require to be united with such substances.

Enemas are frequently needful when the lower bowels are especially obstructed, and then composition is of less moment than when cathartics are to be taken into the stomach. It is worth remarking as a physiological incident, that the same kind of cathartics operate when used in enemas as when swallowed.

Soho Square, March 27, 1814.

II.

Case of Rupture of the Internal Iliac Vein, during Pregnancy.

Mrs. ———, ætat. 29, had advanced to the ninth month of her sixth pregnancy, when, one night, about two hours after retiring to rest, she awoke with a violent and sudden pain, deep seated in the right groin, and extending towards the hip. An extraordinary sensation of coldness ensued, accompanied with a sense of fulness and distension of the abdomen, and pressure on the thorax, occasioning very laborious breathing.

She was conscious that her distress was not from incipient labour, and yet suspected that it might be connected with her present state; the nearest eminent accoucheur was therefore immediately sought, and was soon in attendance. In the interim I was sent for; but much time being lost by the servant in seeking a coach, and as I resided nearly two miles distant, full two hours elapsed from the moment of alarm to my arrival.

I found the patient nearly exhausted; but still perfectly sensible. She was momentarily animated by the satisfaction of seeing me; of which she had begun to despair.

The countenance was of a death-like paleness; the extremities were cold as marble; the sense of fulness of the abdomen and pressure on the lungs were so great, that she was forcibly impressed with the expectation of bursting, or of immediate suffocation: the pulse was not to be felt, excepting when a violent effort to inspire produced a feeble oscillation; the action of the heart was scarcely distinguishable, but from the same effort.

A careful examination of the state of the uterus, ascertained that every thing was as is natural in a female so far advanced in pregnancy; but there was no sign of labour. The attending physician had tried, before I arrived, the effects of various stimuli; but nothing arrested, or relieved the progressive difficulty of breathing, excepting raising the head higher on the pillows, which afforded a momentary facility to respiration. The whole of the body soon became equally cold with the extremities, which had lost their mobility. In about twenty minutes from my arrival, while supporting her in my arms, she expired.

The body was opened the following day by Sir William Blizard. Upon dividing the integuments, the whole of the abdomen, not occupied by the gravid uterus, was filled with coagulum. The uterus was in its natural situation, but was of immense bulk and weight, from a fœtus of an unusual size.

The hæmorrhage did not proceed from any of the vessels of the uterus; but a rupture of the *internal iliac vein* was discovered, through which the refluent blood had passed into the cavity of the abdomen. The immediate cause of this melancholy catastrophe was hence clearly explained.

Mrs. ——— was tall, and of a form of uncommon symmetry. All her children were, when born, remarkably large. Her first weighed upwards of eleven pounds. She had scarcely with any one experienced the sensation termed quickening, or any motion from the fœtus during the latter part of gestation. Her labours were generally quick, and her pains of prodigious force. Her constitution was naturally constipated, and febrile; yet she was otherwise healthy.

In several pregnancies, she had complained of a pain on the side of the abdomen towards the right *inguina,* from which, as the abdomen became more distended, she felt increased uneasiness. For this I had bled her, which always afforded relief. But she having been absent from town till within a few weeks of her expected delivery, unfortunately I had not the usual opportunity of learning her complaints; and this operation was neglected. She had sustained great anxiety and fatigue in nursing one of her children, in a fatal illness, a few months previously; and had recently returned from a journey. On the night of her death, she had been rendered unusually cheerful, insomuch as to induce violent laughter, by the society of an unexpected friend, and had eaten rather heartily of lobster for supper.

I have been somewhat minute in particularising these circumstances, with the hope that some advantage may be derived from the detail in any similar case.

To preserve, or even prolong the existence of a valuable life, is the perfection of our art; and the success of our exertions in cases of danger is surely the highest gratification of which the mind is capable.

In this melancholy case, my feelings were doubly excited; since the sufferer was not more closely united to me by the ties of consanguinity, than by those of sincere affection. Reflection at first added to, rather than assuaged the poignancy of those feelings; because my regrets were attended with the idea, when the cause of death was ascertained, that a life so precious to her family and her friends might have been protracted, if not preserved.

I conceived that, if blood had been abstracted, as had been customary in her former pregnancies, with a view to relieve the pain in the inguina; a light and cooling diet adopted; the bowels kept free; and a recumbent posture persisted in, or other means pursued, to take off the pressure

of the super-incumbent gravid uterus, the rupture of the blood-vessel might have been prevented. Subsequent consideration however reconciled me more to the event; for, as the coats of the iliac vein had probably been gradually weakened by the renewed distension and pressure in repeated pregnancies, it is to be inferred, that this rupture would have occurred during the labour, at the full time of gestation, or at some subsequent and not remote period, when it might have been attended with even more distressing consequences.

As it is our bounden duty to apply our experience to the relief of our fellow creatures, the record of this rare occurrence may lead to useful practical results, by adding one fact to the pathology of the human frame; and with this view I submit the case for a place in the REPOSITORY.

London, March 10, 1814. C. E.

III.

Case of Stricture in the Urethra removed by a Cutting Stilette.
By RICHARD BYTHELL.

ABOUT four months since, a labouring man, thirty-five years of age, consulted me respecting a retention of urine, which in a greater or less degree had afflicted him for nearly twelve months. He complained of great pain across the loins, and in the abdomen, chiefly referring it to the glans penis. He voided his urine in small interrupted streams, and even these with great difficulty. The cause of his complaint he assigned to the imprudent use of irritating injections in the inflammatory stage of gonorrhœa, not having passed his urine freely since that time, although the running had ceased.

For the purpose of ascertaining the seat of the disease, a bougie of a small size was introduced as far as four inches beyond the external orifice, where a stricture was found to exist. After making rather forcible pressure with the point of the bougie, I suceeeded in passing it through the obstruction. On withdrawing the bougie a small quantity of blood escaped, which proved that the stricture had been ruptured. He was still unable to void much urine, although in a more continued stream. This induced me the next day to pass an elastic gum catheter of a larger size than the bougie, which readily entered the bladder. Several ounces of dark-coloured urine were drawn off. This gave him immediate relief. By using the catheter regularly every morning many unpleasant symptoms subsided. He was directed to allow the catheter to remain in the bladder as long as he could bear it, which at each time was

not less than four hours, and apparently with little inconvenience. At the end of a week he was enabled to void his urine in a natural quantity without the assistance of the catheter. He now returned to his work, and discontinued the use of the catheter or bougie.

A few weeks had scarcely elapsed, when he applied again for relief, with every symptom much aggravated. The cause of this second attack he attributed to his having slept in a damp bed. On introducing a bougie a stricture was discovered at the same distance from the glans as before, which yielded to several applications of lunar caustic, and the bougie passed on to a second obstruction half an inch beyond the first. The removal of the anterior stricture enabled him to void his urine in a stream of a moderate size, but still in very small quantities at a time. The next day the catheter was introduced, but met with great resistance. I now attempted to pass a bougie, but proved equally unsuccessful. The application of the caustic had produced much irritation, which prevented any further attempt with a bougie. Decoct. uva ursi, with opium at night, together with the use of the warm bath, in a few days allayed the inflammation and pain; but he was still incapable of freely voiding the urine. The introduction of a bougie was again attempted, but met with the same resistance. I availed myself of this opportunity to form a passage through the stricture for the catheter or bougie, with a cutting instrument, which I accomplished in the following manner*.

A straight elastic gum catheter with an iron stilette furnished with a sharp trocar point, being slowly inserted down the course of the urethra until it came in contact with the stricture, the stilette was pushed through the whole of the obstruction, until no further resistance was felt; when the stilette being withdrawn, the canula was endeavoured to be passed onwards so as to enter the bladder; but the point being entangled in the membranous folds of the urethra, it was withdrawn, and an elastic gum catheter introduced without a stilette, which readily entered the bladder, and a pint and a half of urine was drawn off. A bougie was passed every morning, and the

* The introduction of a *cutting instrument* into the urethra for the purpose of passing through a stricture, seems an expedient so hazardous, and accompanied with so much difficulty and uncertainty in the management, that in this instance it must be considered as a lucky hit rather than a precedent for practice. It may, however, become a question of practical importance, whether under any circumstances the use of a stilette, as above related, may be preferred to the application of caustic?—EDITORS.

bladder emptied every third day by the catheter. By this he was considerably relieved, and at the end of three weeks made water without any difficulty. The introduction of the common bougie being continued for some time, he quite recovered, and now follows his usual employment.

Chester, April 25, 1814.

IV.

To the Editors of the London Medical Repository.

Gentlemen,

In the notice taken in the last Number of your respectable Journal, of the official report of the result of the new operations for cataract, published by order of the Directors of Greenwich Hospital, you justly express disapprobation of concealment of any professional knowledge, which, if generally communicated, might prove useful. No one more perfectly coincides in this opinion than myself; which sentiment has induced me *constantly* to invite the respectable resident practitioners, wherever I have been called upon to perform any of the operations for diseases of the eye, which I have invented, or improved, to witness them, and to observe their results. While I assert that the concealment of any valuable practice from *selfish* or *mercenary* motives cannot be too severely reprobated, it must at the same time be obvious, that every man is justified in taking the necessary precautions to secure to himself the undisputed right to any improvement which he may have suggested.

In the present instance, I was induced to request the surgeon of Greenwich Hospital to record on the hospital books the steps of my new mode of extracting the cataract of old persons, (all the other operations performed upon the pensioners being already before the public,) not with the intention of retaining it as a secret, but to " deter" other persons, of whose conduct on former occasions I have been obliged to complain, from again anticipating me, or claiming it as their own invention, should they learn its nature from any one of the *many professional gentlemen* (besides the medical officers of Greenwich Hospital) who have seen me perform that operation. I must, however, wait for a further experience of its superiority, before I present it to the public; as I conceive any professional man, whose opinions may be valued, would do wrong to publish and to sanction any new practice, until by its extensive and general efficacy he conscientiously feels justified in recommending its universal adoption; or, until he has ascertained,

whether any one of its stages is capable of further improvement.

It may possibly be superfluous for me to add, that the Letter, in which the operation in question is mentioned, was addressed to the Directors of Greenwich Hospital, all of whom, with the exception of Dr. Robertson, the Physician of the Institution, are unacquainted with professional subjects; so that, even had I thought proper to publish the detail, it would have been quite out of place in that letter.

I have the honour to remain, Gentlemen,
Your very humble servant,
W. Adams,
Ophthalmic Surgeon to
Greenwich Hospital.

26, Albemarle Street,
April 20, 1814.

*** If we ever misrepresent opinions from the imperfections of language, for we never can intentionally do so, or by accident give an improper colouring to the facts of any man, our pages are freely open to his justification.

Nulli negabimus, nulli differimus justitiam.

In the above instance there seems to be some feeling in the mind of Sir Wm. Adams, that an idea of interested concealment may possibly be promulgated by our observations on the Greenwich Hospital Report, (*page* 385, No. 4, *of the* Repository.) In those observations we explained, as far as we then could, the concealment and its motives; and we "took it *for granted*," that Sir William only did mean, at a fit opportunity, to lay the whole of his process before the public. We have now the authority of his own letter for his ultimate intention, with his reasons for the present delay; and we present it to our readers with satisfaction, because, it having been shewn on clear evidence, that his process has been completely successful, this letter is an assurance that finally its benefits will be generally extended by its full disclosure. Having so often observed the ill-will and acrimonious contentions that have arisen among the claimants of professional discoveries, we are not dissatisfied with the method Sir William has adopted to secure his invention to himself, as well as to prevent the hostility that might arise on a doubtful case.—Editors.

V.

Case of Contracted Vagina impeding Parturition.

A woman fell into labour of her second child; the vagina seemed to be imperforate; but on more attentive examination an opening was found very near the perineum, which appeared

not to lead directly into the vagina, but to pass at first sideway downwards towards the rectum: it would not admit the point of the little finger. On dilating this with the first finger, the child's head was felt, high up, pressing against the obstruction, which extended for a considerable distance up the vagina, in the form of general contraction of the canal, rather than obliteration from adhesions. It became necessary to divide much of the skin lining of the vagina, and at last to deliver with the forceps. After delivery, a mould of wax in the shape of a long pear was worn, and has prevented the accident from occurring again.

In her labour preceding this she had been delivered with the forceps, after three days pain, of a dead swollen child, and for a fortnight afterwards the catheter was used for retention of urine. The contraction was found within five weeks after delivery.

Dr. Clarke, in his lectures, mentions a case, in which he was called to a woman in labour, where the hymen was found complete and uninjured; but in the above case, conception must have taken place under much more unfavourable circumstances, as the route to the uterus was both contracted and circuitous.

Derby, April 21, 1814. A. B.

VI.

Case of Empyema. By WILLIAM BARTLETT, Surgeon, Great Bedwin, Wilts.

T. S., between fifty and sixty years of age, was taken ill on Saturday, March the 20th, 1813. I saw him the next morning, when his tongue was foul, skin hot and dry, a short cough, pulse from 120 to 124, hard, but not very full: he complained of an acute pain on the left side, about the sixth rib, and could only lie on his back with his head and shoulders raised.

I took ℥ xx. of blood from his arm, which made his pulse more soft, without lessening its frequency; applied a blister to the side, and ordered an eccoprotic purgative, with pectoral saline medicines. The pain continued till the morning of the 23d, with very little abatement, although I had taken away more than seventy ounces of blood; but, after this last bleeding, the pain left his side, the cough continued with a little feverish heat, and he had an hectic flush on the face; his appetite returned slowly, and he complained of great debility for more than a fortnight. As he grew better, I discontinued

my visits, and did not hear any more of him till the first week in July, when I received a message, saying, "that he had a gathering in his side where the blister had been applied."—I found upon inquiry, that his cough had never completely left him, and that he had not done any work; had been getting gradually worse for nearly a month; but as there had been no particular pain in the side, he had not discovered the tumour above two or three days. His face was flushed as usual in hectic cases; his pulse was more than 130, small and often irregular; and his tongue foul, breathing laborious, and cough very troublesome, particularly when in bed, and attended with some expectoration.

Upon examining his side when erect, the skin appeared very thin and tense, with some discolouration, and a small tumour covered part of the sixth rib, which seemed to the touch, as if it had been absorbed. I stated to him the necessity of this tumour being punctured, as the only means to save his life; to which he readily agreed. Accordingly, on the 7th of July, in the presence of Mr. Washbourne, Surgeon, of Marlborough, I punctured the abscess between the sixth and seventh rib, and evacuated more than two quarts of pure pus, tinged by no more blood than escaped from the divided edges of the puncture. When the cyst was emptied, air, in the act of inspiration and expiration, rushed in and out through the perforation with a guggling noise. The edges of the puncture united by the first intention, and the dressings were entirely removed in two days. His pulse next day was at 90, and all the symptoms were relieved; expectoration became more copious, and his breathing tolerably free.

The following powder and infusion were ordered.

℞. Pulv. G. Myrrhæ, ℈ss
Potassæ Nitratis, gr. viij.
Tragacanth. Comp. gr. vj. ft. Pulv. ter die sumendus superbibendo Cyathum Infusionis sequentis.

℞. Ras. Ligni Quassiæ, ʒj.
Aurantii Corticis, ʒij. Macera per horam in aqua ferventis, f ℔ ij. et cola.

He went on well for nearly a week, when he felt a slight return of his former symptoms, viz. fever, dyspnœa, loss of appetite, &c. He grew gradually worse till the 20th, when the fluctuation and tumour were as perceptible as they were previous to the first operation.

He submitted to a second puncture, which let out nearly as much pus as the first, and with as great a relief of symptoms. He continued nearly in the same state for a fortnight, when he felt evident symptoms of a fresh collection taking place, which

on the 5th of August required a third puncture; when about a pint and a half of pus, as pure as in the first operation, was evacuated. From this time, the fever gradually declined, his cough left him by degrees, he improved both in health and appearance, and I have now the pleasure of seeing him capable of as much bodily exertion as his age will admit.

The second and third punctures exhibited the same ingress and egress of air, were dressed as the first, but did not heal for five or six days, during which time there was an oozing of matter.

The powder and infusion were continued, without intermission, till he perfectly recovered.

VII.

To the Editors of the London Medical Repository.

Gentlemen,

It was not until a few days ago that the fourth Number of your Medical Repository came to my hands, or I should have taken an earlier notice of a passage contained in the 350th page of that Number, wherein it is stated, that "M. Levrat, a French physician, has strongly recommended the seeds of the Iris pseudacorus as a febrifuge, and *as a substitute for coffee.*"

This discovery of the substitution of the seeds of the Iris pseudacorus, or common yellow water-flag, for the berries of the coffee tree, I must claim as my own.

In the year 1809, I observed that the seeds of the Iris pseudacorus, by being roasted, were converted into a substance very much resembling, both in its physical and chemical properties, the best colonial coffee, an account of which was published in the 22nd Volume of Nicholson's Philosophical and Chemical Journal. My Paper in that work received an early notice by Morveau, in the Annales de Chimie, and has since been acted upon by Mr. Levrat.

I think it will be no more than just that you should allow this statement to appear in the next Number of your Medical Repository; and should you think the whole of my original Paper, or any part thereof, sufficiently interesting at the present time to claim a place in your publication, you have full liberty to reprint the same.

The roasted seeds of the Iris pseudacorus infused in boiling water, form a very pleasant and refreshing beverage, and so far may be useful in fevers; but that they have ever had sufficient efficacy to perform a cure, my own practice will not

authorise me to assert; and indeed I must remain sceptical on this point, until further experience may enable me to correct my judgment.

Wisbich, *May* 6, 1814. W. Skrimshire, jun.

*** It always affords the Editors of the *London Medical Repository* great satisfaction to attend, as far as in them lies, to the right of discovery. In the present instance, they have a peculiar satisfaction in distinctly shewing that Mr. Skrimshire, Surgeon of Wisbich, and not M. Levrat, of Paris, first pointed out the property in the seeds of the *Iris pseudacorus*, which renders them so excellent a substitute for coffee. The Paper on this subject, published in Nicholson's Journal, for January 1809, so fully elucidates the method of preparing the seeds of this species of iris, and is so clear on their properties, that the permission of Mr. Skrimshire to republish it is cheerfully accepted.

" *Account of a British Vegetable Product, that may be substituted for Coffee.*

" The iris pseudacorus, flower de luce, or common yellow water flag, is a plant which grows in great abundance in some marshes, and by the sides of rivers and ditches.

" The germen, or seed pod, which is here provincially and vulgarly called *old sows*, is well stocked with seeds covered with chesnut coloured husks. These may be readily thrashed from the pods when they are ripe, and, if deposited in a dry place, will keep well for a long time.

" This beautiful and ornamental plant is so productive of seeds, that I gathered more than a bushel of them in the space of a few yards, by the side of an old river, in this neighbourhood.

" The seeds of this plant, being roasted in the same manner as coffee is treated, very much resemble it in colour and flavour; but have something more of a saccharine odour approaching to that of the extract of liquorice. However, when carefully prepared, they possess much more of the *aroma* of coffee than is to be found in any of the leguminous and gramineous seeds, that have been treated in the same manner.

" Some persons may perhaps object to the use of these seeds as here recommended, on account of the yellow water flag being a plant, possessing so violent a purgative effect upon the human frame, as to render its administration extremely unsafe. I readily grant, that the fresh root is a very drastic cathartic; but I assert, that the other parts of the plant do not possess the same virtues as the root; and that even the root itself, when perfectly dried, is one of the most powerful astringents that this country produces, and is probably

one of the most effectual remedies of this class, that we can employ to remove a diarrhœa, or too great a laxity of the bowels. Besides, I can speak positively from my own experience, that the coffee from the seeds of the yellow water flag is very wholesome and nutritious, in the proportion of half an ounce, or an ounce, to a pint of boiling water.

" And as far as a few experiments enable me to form an opinion, I expect, that this product will be found to possess most of the chemical as well as physical properties of the foreign coffee.

" The phenomena which occur in roasting the seeds are so very similar to what take place in foreign coffee during the same process, that I shall presently relate them.

" The seeds of the iris pseudacorus when ripe, fresh gathered, and freed from the husks, are of a dirty brown colour, semitransparent, and tough like horn. They have, if I may be allowed the expression, a leguminous taste. Their form is various, some are circular and thin, others wedge shaped, while others again are conical, resembling minute bulbous roots. They are between three and four lines in breadth, never more than four, and they are seldom more than two lines in thickness, but generally much thinner.

" Beside the arillus, which merely covers the crown of the seed, it is closely enveloped by a very thin brown epidermis, which firmly adheres to the rugous surface of the seed, giving it the appearance of very fine shagreen. When this covering is removed, the seed itself is of a yellowish colour. Under the miscroscope this epidermis appears to consist of a congeries of papillæ distilling an oil from the surface of the seed underneath*.

" When the seeds are exposed to heat upon an iron plate, in order to roast them, they at first crackle and are covered with minute blisters, they change to a reddish brown colour, and are rendered opake; they next become dark brown, and almost black, by the carbonization of the epidermis; they now sweat, or appear oily, emit a dense smoke, and acquire the *aroma* of coffee. If they be taken from the fire at this stage of the process, and wrapped in unsized paper, it absorbs the oil, and different parts of it thereby become transparent.

" In this state the epidermis, though carbonized, does not easily separate from the seed, but adheres to its oleaginous surface, giving it a very dirty appearance. But if rubbed in a cotton or woollen cloth, or tossed to and fro in a bag but

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* " The arillus, the epidermis, and even very thin cuttings of the seed itself, are exceeding beautiful microscopic objects.

partly filled with them, they may be freed from this carbonaceous matter, and will thus receive a polish that will enable them to bear handling without staining the fingers.

"If the process of roasting be continued longer, the smoke increases in quantity and density, acquiring a very penetrating empyreumatic odour, the seeds become black from carbonization, and the aroma is entirely destroyed.

"The two great inconveniences in performing this operation with the greatest success are, 1st, the shape of the seeds, which occasions an inequality in the roasting, unless they be continually stirred during the process: 2dly, the tough consistence of the seeds, which render it necessary to conduct the operation very slowly; for if the fire be too violent, the oil will be burnt and communicate a nauseous flavour to the coffee; and if the seeds be not sufficiently dried and hardened by the continuance of the heat, they will remain too tough for the mill to be able to grind them.

"In short, the whole art of roasting them consists in being able to continue the heat long enough to render the seeds of a dark brown colour, perfectly opake, and sufficiently brittle to be readily ground by the mill, without allowing it to be so fierce as to carbonize the oil, which exudes from them.

"These very directions are as precisely applicable, and as necessary to be attended to, in roasting foreign coffee, as in preparing the seeds of the iris pseudacorus.

"I have preserved the *aroma* of this British coffee in the greatest perfection, by roasting the seeds in the husks; and could a method be contrived for separating the roasted seeds from the carbonized husks, which may easily be done, I have no doubt but this would be by far the best method of conducting the process."

VIII.

To the Editors of the London Medical Repository.

GENTLEMEN,

IN the 3d Number of the London Medical Repository, p. 204, one of your correspondents having made the following statement—"Dr. Curry, at the time when Dr. Cheyne and myself were his pupils, publicly taught, that, although the affection of the brain is the proximate cause of death in hydrocephalus, yet, it is only a consequence of inflammation brought on by a diminished or altered function of the liver:" I think it proper to inform you that I never was a pupil of Dr. Curry's, nor of any other Teacher in London.

With respect to the opinion which has led to the present explanation, and which your correspondent would have it appear that I borrowed from Dr. Curry, and then used without any acknowledgment, I reached it by a different route from that which Dr. Curry pursued. With Dr. Curry this opinion is part of a general theory, founded upon chemical observation, by which he explains the origin of many diseases, and the operation of some of the most powerful remedies; with me it is limited to the disorder in question, and it arose while I was engaged in an investigation, by dissection, of the diseases of children. In a considerable number of the subjects that I dissected, after death from hydrocephalus, as the liver retained a distinct stamp of disease, I could not fail to connect this fact with various symptoms of hydrocephalus, with the disordered function of the stomach and liver which often ends in hydrocephalus, and with the relief sometimes afforded by the remedies which relieve hepatic disorder; and hence I concluded, that hydrocephalus is often the consequence of a deranged state of the liver. At first this opinion found so little favour with the Profession, or with the fraternity of professional critics, that I had little cause to think it would be worth any man's while to inquire who was its first promulgator. However, when Dr. Curry published his *Examination of the Prejudices commonly entertained against Mercury;* and when I therein discovered that he had anticipated me in this particular view of the pathology of hydrocephalus, and that it was likely to attract more attention, I wrote to that learned and ingenious physician, to explain the circumstances which led me to adopt the opinion in question; and I took an early opportunity of protecting myself from the consequences of a charge such as that which your correspondent has brought against me, by inserting the following passage in my work on Apoplexy. "In his annual course of lectures on the Practice of Medicine, Dr. Curry has taught, *since* 1801, that acute hydrocephalus is generally the consequence of an erythism with a diminished or altered secretion of the liver. A similar speculation to which I was led by my habit of examining the state of the viscera in young subjects, *subsequently* appeared in my Essay on Hydrocephalus, supported by evidence which it is now in my power considerably to strengthen."—p. 176.

Perhaps so formal a vindication of my conduct may be thought unnecessary; but you will please to observe, that the statement of this pathological opinion, whether it be well founded, and lead to an improvement in practice, or visionary and mischievous in its tendency, has subjected me to an imputation which it is natural that every one, who has a greater regard for character than for eclat, should wish to remove.

Had your correspondent treated my Essay on Hydrocephalus even with as little courtesy as Dr. Carmichael Smyth has done*, I should not have deemed it necessary to trouble you or the public with a word in my defence. But he has insinuated that I have endeavoured to appropriate to myself "the reward due to the scientific discovery of another," a charge which it would be an acknowledgment of guilt were I to submit to in silence.

I have the honour to be, Gentlemen,

Your most obedient servant,

Dublin, May 9, 1814. J. CHEYNE.

PART II.

FOREIGN MEDICAL SCIENCE AND LITERATURE.

SURGERY AND PRACTICE OF MEDICINE.

I.—As we conceive the practice inculcated in the following observations by *M. Larrey*, extracted from *Les Memoires de Chirurgie Militaire*, should be more generally known to British practitioners than they are likely to be by means of that work, we readily embrace the opportunity of giving them publicity†.

On Gangrene.—If we do not carefully distinguish the various species of the same disease, as also their causes and progress, we shall frequently be incapable of selecting the most appropriate methods of treatment each may require; for that which is useful and salutary to the one, may be injurious and destructive to the other. In some instances, although the efficacy of certain remedies may be partially acknowledged, yet their improper application will presently destroy the confidence, which the generality of practitioners may be disposed to have in them; and being thus induced to trust to palliative means only, they abandon the case to the insufficient resources of nature, and the disease continuing to advance, sooner or later

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* Preface to a Treatise on Hydrencephalus, by James Carmichael Smyth, M. D. F. R. S. Fellow of the College, &c.

† For this extract and excellent translation we are indebted to Mr. W. Oldknow, of Nottingham.

puts a period to the patient's sufferings by death. Thus a most effectual barrier is opposed to the progress of our art.

Those who have written on the gangrene or sphacelus of the extremities, have uniformly advised that amputation should not be performed, until the mortification has been arrested, which is indicated by a red circular line separating the living and dead parts. This appearance however takes place only in cases of spontaneous gangrene arising from internal causes; or if it occur in gangrene produced by external injury, its aspect is totally different. More generally, however, this species of gangrene is progressive; the constitution becomes greatly affected by it, and the patient dies. Before we enter into more particular details, we will briefly describe the nature of gangrene in general, with its causes and its species.

When a living part of the body is deprived of its vitality, it is said to be in a state of gangrene. This is characterised by a deprivation of animal heat, sensibility and arterial pulsation, loss of motion, and a sense of weight; after this a spontaneous decomposition takes place, which emits a fetid and nauseous odour, and the part affected acquires a black appearance.

The aspect and progress of gangrene will be found to vary, according to the cause by which it is produced. When it arises from external injury, the vitality of the different organs is directly affected, and it is uniformly preceded by inflammatory swelling, erythismus, and more or less extensive dilaceration of the capillary system. The injured parts become tumefied, by the vital actions of those textures, which as yet are not totally deprived of life; the epidermis is detached, and forms phlyctenæ; the cutis is softened, and acquires a blackish hue; the cellular substance and membranes are decomposed, and furnish an abundance of moisture; hence this species is denominated humid gangrene. We find, however, in the midst of this putrefactive mass, especially if the disease be mild, both muscles, arteries, and nerves, still in possession of a part of their living powers, and resisting to a certain degree the gangrenous influence: the former, because they are more abundantly supplied with animal heat and oxygen; and the latter, by reason of the particular fluid they circulate, which is of an electric or galvanic nature.

Such, then, are the phenomena which gangrene, produced by wounds, present, and which I shall term traumatic gangrene. But before I describe its origin and progress, it will be right to say a few words concerning spontaneous gangrene, or that species occasioned by internal causes, or by the impression of cold.

This kind of gangrene ordinarily appears on the more remote parts of the body, where the vital powers are weakest;

as the feet, hands, nose, and ears. The part affected becomes black, but in place of being tumified, as in traumatic gangrene, it rather shrinks, becomes dry, and sometimes hard; on which account it has acquired the name of dry gangrene; differing from the former inasmuch as there is no effusion of fluids, there being no dilaceration of vessels.

The dry gangrene is more readily arrested in its progress, because the different textures, in approaching the centre of the body, are supplied by larger blood vessels, and are therefore more capable of resisting its morbid actions. The place of separation becomes indicated, by a circumscribed inflammatory line, and the farther progress of the disease is prevented by inflammatory exudations, which obstruct the communication between the cells of the cellular membrane, and the canals of the lymphatic vessels; so that in such cases we run no risque in delaying amputation until the gangrene be limited.

These phenomena, however, do not occur in traumatic gangrene; where the disease gradually extends itself to the destruction of life; for although the vessels of the part immediately affected be totally disorganised; yet above the sphacelated parts, they possess sufficient action to absorb the gangrenous principle, and to partake of the erythismus or obscure inflammation which uniformly precedes its advance. The brain becomes likewise alarmingly affected by metastasis, occasioning considerable derangement to the intellectual and animal functions, and accompanied with fever of a malignant character. On dissection, the arteries of the brain and the cavities of the heart, have been filled with a dissolved, black, and highly carbonised blood.

In spontaneous or dry gangrene, on the contrary, absorption is more difficultly effected; the disease remains, as it were, latent for a considerable time; and we often find that the living and dead parts are separated by the efforts of nature only, without any derangement of the general functions.

It is evident from this explanation, there is but little similitude between traumatic and spontaneous gangrene; in each species, however, the prognosis is unfavorable, and the event dangerous; for the part affected must be removed either by nature or art, otherwise death will in general ensue.

Having spoken of the means used to arrest the progress of spontaneous gangrene in another place; I shall here advert only to the treatment, which my experience has found effectual in subduing the fatal tendency of traumatic gangrene.

There are numerous examples of a bullet, or other foreign body, when forcibly impelled into the extremities, inflicting so great a shock upon the vessels and nerves, as to occasion the death of the part so injured; and I think I have observed, that

the violent percussion of a bone will inevitably cause its mortification, especially if the projectile body first strike upon its articular extremity, and be afterwards buried in the soft parts, although the bone itself be not fractured.

Until of late, the accidents which follow violent injuries done the periosteum, aponeuroses, and articular surfaces, have been but imperfectly understood, because the course and extent of the nerves of organic life were not known previous to their discovery and demonstration, by Bichat, Scarpa, Chausier, and Nibes. The vitality of these parts *appears* to be maintained by the continuity of nerves derived from the great sympathetic. Their organic functions, as also those of the cellular substance and skin, being more or less disturbed or suspended, give rise to atonic congestions, dryness of the skin, disorganization of the epidermis, phlyctenæ, and confinement of the perspirable matter. The absorbents lose also their action, the lymphatic fluids stagnate, are effused into the cellular membrane, and soon become vitiated. The local irritation so produced is quickly propagated throughout the system, and occasions fever of a more or less complicated nature. The principal vessels of the affected limb, speedily participate in the disease; they cease to circulate their contents; the blood becomes carbonised and deprived of its caloric; whence arises the blackness peculiarly characteristic of gangrene. Finally the putrefactive process commences, and proceeds with a rapidity proportioned to the abundance of cellular substance in the vicinity of the disease; the temperament of the patient, the state of the atmosphere, the insalubrity of the climate, or the combination of gangrene with other diseases; as happened to our wounded soldiers in Egypt, many of whom died while under the influence of yellow fever, in less than six hours from the commencement of the mortification.

In this species of gangrene it would be dangerous to delay the amputation of the limb until the appearance of the red line, which denotes the separation of the living and dead parts; for the mortification being readily transmitted from the primarily affected part to the rest of the extremity, we ought not to hesitate to operate the moment necessity may require, although this practice be contrary to generally received opinion. There is no reason to fear the re-appearance of gangrene upon the stump, for whenever mortification arises from external injury, it is propagated by absorption and the continuity of vessels only; therefore if amputation be performed at a proper place (that is, where the skin preserves its integrity), it will arrest the progress and prevent the fatal termination of the disease. By this operation the vessels no longer absorb the putrid fluids arising from disorganised matter, but become expulsive agents,

disburthen themselves of all heterogeneous principles, and recover their healthy actions. This process may be materially assisted by tonic medicines.

Some facts I shall hereafter relate will, I think, prove most incontestibly the justness of the principles I am endeavouring to establish; namely, *that in cases of gangrene arising from external injury, and exposing the life of the patient to danger, amputation should be performed, without waiting the appearance of the line of separation between the living and dead parts.*

I have witnessed the death of several individuals who were treated according to the generally received maxims; and being painfully affected by this result, I had long since resolved, when opportunity offered, to deviate from the ordinary routine of practice, believing with Celsus, that a doubtful remedy is better than to abandon the patient to certain destruction.

My first trial of the practice which I here recommend, was made in the year 1796 upon a soldier, who had received a violent contusion on the foot, followed by ulceration and gangrene; and upon the continuance of the mortification, I determined to perform amputation on the leg. The event surpassed my expectations; for the stump cicatrized kindly, and the cure was completed in forty-five days.

The second case which presented itself, occurred at the siege of Alexandria, and was somewhat analagous to the first. A dragoon was shot through the left elbow joint; the fore-arm and arm became successively gangrened; and as the mortification threatened his life by extending nearly to the shoulder, I resolved upon amputating the limb at the scapulo-humeral articulation. At the time of the operation he had considerable fever, accompanied with affection of the brain; his life however was spared, and a perfect cure accomplished, before the termination of the siege.

After the battle of Ulm, Monsieur Ivan amputated the thigh of a soldier in the 76th regiment, whose leg had been greatly injured by a ball, and was then in a progressive state of gangrene. This man was perfectly recovered when we returned from Austerlitz.

A fourth case was that of an officer, wounded by a musket shot in the ankle, at the taking of Ulm. In three days the foot became gangrened, the leg was greatly tumified and threatened with mortification, and he had considerable fever. I amputated the leg; the cellular substance covering the stump had already acquired a yellow and livid hue, notwithstanding which, the operation arrested the progress of the disease, a plentiful suppuration took place, and some gangrenous sloughs were detached; after which the wound became clean and cicatrized in fifty-two days from the performance of the operation.

After the battles of Austerlitz and Jena, by my advice, several other surgeons amputated the limbs of the wounded, during the progress of mortification; and in general with success. I regret it is not in my power to report these cases, many of which were sent to me at Madeira, and have since been mislaid:—but I think the following case will fully establish the propriety of the practice.

Anthony Barre, 18 years old, received a wound from an air gun, during the disturbances at Madrid, on the 2d of May, 1808. The ball penetrated deep on the radial side of the elbow joint, in a direction downwards and inwards; and, piercing the skin and pronator muscle, came in contact with the radius, where it is contiguous to the ulna. From the resistance it here met with, and the obliquity of its course, it took another direction, passing along the interosseous ligament of the fore-arm, underneath the flexor muscle of the hand, as far as the wrist. His firelock immediately fell from his hand, and he experienced a painful numbness in the limb, with total loss of motion. In the evening he was conveyed to the hospital. I sought in vain for the ball; and having dilated the orifice of the wound, I dressed it lightly, and covered the whole fore-arm with cloths drenched in salt and water: a low diet and cooling antispasmodic drinks were directed. During the night he got no sleep, but was extremely uneasy and agitated, and his countenance became pale and ghastly. On the morning of the 3d of May he had no power to move the limb, which was now slightly tumified and almost insensible. Fearing some bad consequences, I directed the whole extremity to be wrapped in warm ammoniaco-camphorated wine, and ordered him an antispasmodic potion at bed-time, with camomile tea for common beverage. He passed an exceedingly bad night; and in the morning of the 4th, the hand and fore-arm were totally deprived of heat and sensibility; and from the tumefaction and dusky hue of the former, there could be no doubt of the commencement of gangrene. Hot camphorated brandy was now applied to the whole limb, except the wound, which was covered with a powerful digestive, and bark and camphor were internally administered. In spite of these means, by half-past four in the afternoon, the hand and a great part of the fore-arm were completely sphacelated and covered with phlyctenæ; the elbow and lower third of the arm being inflamed and prodigiously swollen. Scarifications of the hand and fore-arm, with the external and internal use of the most powerful antiseptics, had no effect in arresting the progress of the disease, which by the 5th had reached as high as the wound. (I may here remark that in this case and others, scarifications appeared not merely useless, but prejudicial.) On the morning of the 6th, the gangrene had extended above the

elbow, almost to the middle of the arm; the poor man was greatly exhausted; his pulse was small and intermitting; he became delirious; his eyes were dull, and his countenance ghastly. From the imminent danger in which he now was, I was anxious to amputate the limb; and this indeed I would have done the preceding evening, had not my professional brethren opposed it, on the ground of the mortification not being limited. I was now, however, determined on the operation; and for this purpose, I was desirous of a consultation with the most skilful physicians and surgeons of the army, hoping that they would approve of my resolution. These gentlemen could not be convened until four o'clock in the afternoon; and in this short space of time the gangrene had spread itself nearly over the whole of the arm. I still proposed the operation (although little or no benefit was now to be expected from it), relying on my former experience, and the words of Celsus. My proposition was rejected by all, except one, who attended at the consultation. In spite of this formidable opposition, so long as there appeared to me the least hope of saving this man's life, although by the employment of means not generally considered expedient, I thought it my duty to do for him that which experience had taught me to be so highly useful to others, in nearly similar situations. Having come to this conclusion in my own mind, it was evident that no time was to be lost, for the feverish symptoms becoming more and more alarming from the extension of the disease, the life of my patient would shortly have been sacrificed. As soon, therefore, as the necessary apparatus was made ready, my patient was removed to another apartment, and I amputated the arm at the shoulder joint.

Previous to the operation, the poor man's vital powers were nearly extinct. It occupied seventeen seconds of time, exclusive of the application of the ligatures, which were made with great care, so as not to include any of the nerves. The parts composing the flaps, and the cellular substance in the axilla, were discolored by the disease; the flaps were made to approximate, but not placed in actual contact; the wound was covered with fine linen, moistened in warm camphorated wine; several dossils of lint, sprinkled with powdered camphor, were then applied, and secured with long compresses dipped in camphorated wine, and crossed over the shoulder, the whole being fixed by a large bandage. (On examining the amputated limb, the skin, cellular substance, membranes, and ligaments were black and putrified, the muscles soft and flabbly, and injected with highly carbonised blood. The course of the ball was denoted by an ichorous, black, and fetid serous fluid, the ball itself being flattened, and lodged under the anterior annular

ligament of the wrist, the capsule of the joint being opened, and the flexor tendons greatly disorganized.)

Immediately after the operation, our patient was conveyed to his bed. He suffered but little, owing to the diminished sensibility of the integuments; and having lost but little blood, he had no syncope; but on the contrary appeared revived, for he shortly became less delirious, and his pulse was less intermitting and feeble: he swallowed some chicken broth and wine; had two hours sleep, and was still and calm during the rest of the night. By five o'clock on the following morning he was sensibly improved, and the dressings were moistened with a yellowish serous fluid discharged from the wound. He was directed to take every quarter of an hour one table spoonful of a stomachic mixture, composed of wine, theriac, bark, and Hoffman's anodyne liquor in suitable proportions, and to have good soups and wine. Upon the dressings was placed a flannel soaked in warm wine, in which some bark and camphor had been steeped: his body was sponged over with warm vinegar, and afterwards wrapped in warm dry flannel.

Towards night he had an injection composed of a strong decoction of bark and camphor, and was removed to another bed, which had been previously well fumigated with oxygenated muriatic acid gas. On the 7th he was still better; his pulse was stronger, the animal heat greater, and his countenance less ghastly. He had been greatly relieved by some extremely black and fetid stools; his urine was scanty but passed without difficulty. In the night of the 8th or 9th he had a trifling attack of fever, followed by a slight hæmorrhage from the wound; on which account I was called to him about four o'clock in the morning. On removing the bandages I discovered that the hæmorrhage proceeded from a branch of the circumflex artery, the ligature from which had escaped, owing to an involuntary motion made in his sleep, whilst dreaming that he was pursued by the Spaniards. The artery was again secured, and the wound dressed with a mild digestive. He was afterwards removed to another bed, still pursuing the same plan of treatment. By this accident he became feeble and restless, but he recovered by degrees, and in two or three days was in a most flattering state of amendment. I dressed the wound myself daily. By the 7th day the suppurative process was well established, and his strength so greatly improved, that those who attended the consultation could scarcely believe in the extraordinary change which had taken place for the better, and he became an object of curiosity to the whole of the medical officers of the army. On the 9th day he had the misfortune to suffer from a return of the hæmorrhage arising from another and deeper seated vessel. It ceased however on the

removal of the dressings; so that not being able to discover precisely from whence it came, the wound was again suitably dressed, and the same plan of treatment pursued with some necessary modifications. Though by this accident he was further weakened, he once more gradually regained his strength, until the 13th day, the granulations upon the wound looking florid and healthy, except at its inferior and internal part, where they appeared tumified and livid. About four o'clock in the morning of this day there occurred another hæmorrhage, which, like the last, was arrested by the admission of cold air on raising the dressings. This gave me great uneasiness: I in vain sought for the bleeding vessels. All the ligatures were cast off except that which encircled the axillary artery, and I was certain the hæmorrhage proceeded from none of these vessels. The wound was therefore dressed with lycoperdon and powdered bark: he repeated the stomachic potion, and took, at bed time, one grain and a half of opium in warm wine. No bad consequences resulted from this accident, and he continued the use of the broth and wine. A fourth hæmorrhage happened on the 21st day, precisely at the same hour as the preceding ones, and after a febrile excitement, which was more violent than any he had before experienced.

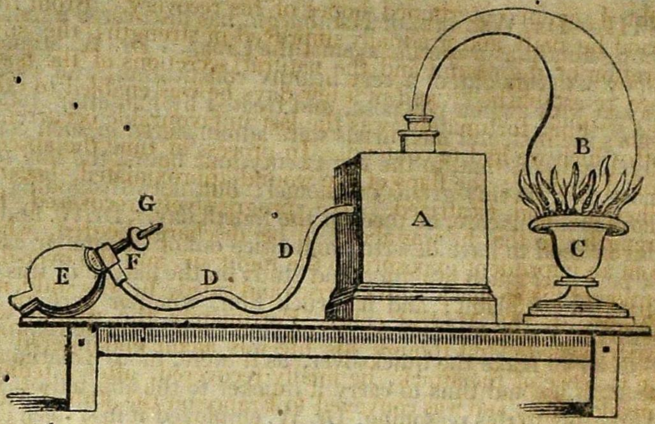
At my arrival, I found my patient in a most alarming syncope. I instantly renewed the dressings, whilst my assistant held hartshorn to his nose. He recovered a little, and I then perceived the place from whence the blood issued; namely, from the tumified and livid granulations before spoken of, at the inferior and internal part of the wound. By pressing with my finger on this part, I readily penetrated an enormous cavity extending from the axilla for some way under the pectoralis major muscle, whence issued a considerable quantity of purulent matter, mixed with portions of discoloured cellular membrane. I immediately divided the whole extent of the anterior parietes of this cavity, and by so doing, I discovered the orifice of the vessel, and secured it by a needle and ligature. I then cleared out the abscess, whence I removed a considerable quantity of putrefied cellular substance, and filled it with lint sprinkled over with bark and camphor; and having applied a suitable bandage, I prescribed a cordial potion. During the time occupied in this process, my patient appeared as if dead, and I had given up all hopes of success. I persisted however (contrary to the advice of my assistants) both in the internal and external use of warm stimulants and frictions, the latter of which appeared to produce very good effects, so that in about ten minutes he shewed symptoms of returning animation. We were greatly encouraged by this, and by perseverance, before

night I again entertained hopes of his recovery. From this period he daily and gradually improved in strength; the suppuration of the wound and the natural secretions of the body were re-established; and in a few days he was enabled to take food. This, fortunately, was the last unfavourable occurrence with which we had to contend. In process of time the abscess looked healthy; the flaps of the wound approximated, became adherent, and cicatrized. He progressively recovered his strength; so that he was about to be discharged cured, when from an imprudent exposure to the night air, and the over-distention of his stomach with cherries and salad, he was suddenly seized with the Madrid colic. Fortunately the wound was nearly healed; and though his life was again endangered by the violence of the attack, he finally recovered, after a tedious convalescence, and was conveyed to France on the 30th of July, (eighty-four days after the operation,) where he arrived in perfect health.

This important case, together with those already related, must clearly decide the advantage of amputation in cases of gangrene arising from external injury, although the mortification be not limited.

II.—Dr. Goodwin, so long since as 1788, had ascertained the powerful effect of introducing oxygen gas into the lungs of a person labouring under *asphyxia;* but the almost impossibility of procuring the gas, by the usual method, in sufficient time to be useful, had prevented his suggestion from being generally put in practice. *M. Sementini* has endeavoured to obviate this difficulty, by the following method of proceeding. He is of opinion that the gas should be introduced into the lungs the moment it is extricated, and while it is yet warm. "To accomplish this," says he, "I have taken advantage of the lights of modern chemistry, and the important discovery of the celebrated Berthollet; and employ the *oxymuriate of potass,* which contains nearly a third of its weight of oxygen, by exposure to a moderate heat, and from which it may be easily extricated in the gaseous form.

"If insufflation then be the principal means to be employed for securing the life of an individual in certain cases of asphyxia; if for this purpose the use of oxygen gas be preferable to that of atmospherical air, and if the machine which I have invented for its immediate extrication and introduction into the lungs be adequate to the intention, I shall not have uselessly employed my feeble talents in the cause of suffering humanity."



Apparatus for administering Oxygen Gas in Asphyxia.

EXPLANATION OF THE PLATE.

"A is a portion of a hollow column of wood, loaded with lead to give it solidity, upon which is fixed, by means of a screw, a brass retort, B. At the foot of the column is fixed a spirit lamp, C, the flame of which exactly surrounds the bottom of the retort. To the column is also fixed a flexible tube of leather, D D, which, at the other extremity, is joined at F to the bellows, E. These bellows terminate at G, in a portion of a tube of elastic gum, mounted with a brass plate, which may be fitted to the mouth of a man. The bellows are provided with a valve. The following is the method of using the apparatus: The column A is placed upon a small table, at the side of the bed, on which the patient is laid in a horizontal position: the *oxymuriate of potass* is now introduced into the retort, B, which is then screwed to the column, at the same time the lamp is lighted, and the tube of the bellows E applied to the mouth of the person under asphyxia, while an assistant closes the nostrils with the fingers. In a few seconds the oxygen gas is extricated, and as the orifice of the retort communicates within the column with that of the tube, D D, the gas passes into the bellows. As soon as the bellows are full, their sides must be brought together, by which means the gas, not being allowed to return by reason of the valve, is forced through the mouth into the lungs of the patient. This operation must be repeated a number of times, without neglecting the means of resuscitation usual in such cases."

M. Sementini, by this mode of proceeding, recovered a drowned man in a very short space; and we think it is of sufficient importance to be made generally known.

III.—Dr. Wigard, of Hamburgh, has discovered a remedy acting almost as a specific against the *Croup*. Dr. W. attended a boy six years old, of a very healthy constitution, who was attacked with angina polyposa, and treated by him after *Authenreith*'s method, and mercurials were administered in such considerable doses, that, in the last twenty-four hours, the boy took more than seventy grains of calomel; but, notwithstanding the most assiduous care, he died on the fourth day. Dr. W. finding this method to have deserted him twice out of six similar cases, he bestowed much attention and study on the nature of this destructive complaint; and it struck him, whether perhaps the addition of moschus and similar excitants might not be required, in order to make the quicksilver, as it were, more volatile and penetrating, and thus to carry it quicker to the affected organs. Agreeably to this reasoning, Dr. W. employed it in sixteen children successively who were attacked with croup, and all successfully cured. His method consisted in administering, according to the age and constitution, every hour, from two to three, or even from four to five grains of calomel, with the addition of half a grain, or at the most, one grain of moschus; and he continued the same dose till a considerable vomiting took place. This vomiting happens in general after the use of the powders alone, and in most cases after the third dose; and (not, as has been asserted by most practitioners, a tough and white mucus, but) a substance of the consistency of cream of a greenish-yellow hue, is brought up, similar to that which children bring up towards the latter stage of the hooping-cough, or such as is met with in the windpipe and bronchiæ of those children who have died of the angina. The earlier this vomiting sets in, the more certain and speedy is the cure. After this stage, Dr. W. ordered the powders to be given every two or two hours and a half, and a syrup of Oxym. Scillæ. Syrup. Senegæ, Ammonia Muriata, and Vin. Antimon. Huxh. from two to three tea-spoons full every hour or every hour and a half, in order to promote the vomiting and still more loosening the rising mucus.

CHEMISTRY.

IV.—In the *Annales de Chimie*, for May 1813, M. Vogel has published the following remarks "*Upon the pretended Formation of Oxalic Acid, in a Mixture of Alcohol and Sulphuric Acid.*—A considerable time has elapsed since M. Cadet de Gassicourt announced that oxalic acid is formed by simply bringing sulphuric acid into contact with alcohol.

"The author expresses himself on this subject in the following manner*. I had made a mixture of well rectified alcohol and sulphuric acid in equal weights; which was left at rest for about thirty hours; at the termination of which I perceived at the bottom of the vessel and against the inferior part of its

* See *Annales de Chimie*, vol. xxxv. p. 200; and *Journal de Physique*, vol. li. p. 231.

sides, a considerable quantity of crystals, ten or twelve millimetres in length, and in the form of tetraedral prisms terminated by dihedral summits. After having decanted off the fluid, I examined these crystals, and, by means of calcareous salts and re-agents, found them to be oxalic acid. M. Cadet promised to repeat this experiment on a large scale, but, as far as I know, he has not yet performed his intention.

"This remarkable result of the formation of the oxalic acid by means of the sulphuric acid, has, nevertheless, been quoted in a great number of works, and no person has hitherto raised a doubt of its truth.

"Having occasion every year to make a quantity of sulphuric ether, I had remarked that the mixture of equal parts of alcohol and sulphuric acid became milky and deposited a white crystalline powder.

"With the view of collecting this crystalline deposit, I mixed the fluids in a large flask, and after some days decanted off the mixture for the purpose of distillation.

"After having preserved the precipitates of several years, I put them together, in order to submit them to examination.

"This powder, which was mixed with some fine needle-shaped crystals, being dried with a gentle heat, had an acid taste owing to a small portion of sulphuric acid, which was involved in it, and from which I freed it by repeated washings with alcohol. This alcoholic fluid contained sulphuric acid only, without a trace of oxalic acid. The powder thus washed was perfectly neutral: it contained no substance belonging to the organic kingdom; for, heated in a retort, it was not carbonized, and disengaged no gas. Boiling water dissolved a small portion of it, and this solution was rendered very turbid by oxalate of ammonia, and also by muriate of barytes. The white residue was insoluble in boiling water, but became instantly black when brought into contact with sulphuretted hydrogen, or with the hydro-sulphuret of ammonia.

"I believe I may pass over in silence the details of the other experiments I made; for it is evident that the crystals which are deposited from a mixture of equal parts of sulphuric acid and alcohol, are merely a mixture of sulphate of lime and sulphate of lead*."

ZOOLOGY.

V.—In a paper by *M. Lesueur*, contained in the *Journal de Physique* for August 1813, intitled "*Memoire sur quelques nouvelles Especes d'Animaux mollusques et radiaires*," &c. &c. the following description of a new sea-worm is given:

"The *Cestus* [*cestum*], (from *Kesos*, a Greek word employed to designate one of the girdles of Venus,) *body-free, entirely ge-*

* A mixture of twenty pounds of alcohol and sulphuric acid yielded twenty-five grains only of this dried powder.

latinous, very long and compressed; sides four, the transverse and superior ciliated all their length; mouth superior, placed at an equal distance from the extremities. The only species which is yet known is *of a milk-white watery colour, with a tint of light blue; the cilia are iridescent.* M. Lesueur has named it *Cestum Veneris.*

"It approaches nearer in its characters to the beroë than any other sea-worm, by its freedom in the water, by there being one orifice only which serves both for an anus and a mouth, and which is placed at the upper part of the animal, and also by its long, moveable, very delicate cilia, which serves as organs of loco-motion. In effect, if the lateral prolongation at each side of the mouth of the *cestus* be taken away, and if upon the angles formed by the plains which this section would produce, the cilia of the cut-off prolongations be placed, one will have as nearly as possible a beroë ciliated at the four sides with a terminal mouth.

"The stomach is seen through the substance of the *cestus*, placed under the opening of the mouth, and is detected by its colour being deeper than that of the rest of the body. This sac presents upon two of its sides, those which correspond with the greater surfaces of the animal, a kind of strap which is applied upon its sides. These straps are situated towards the middle of the whole height of the *cestus*, and are contiguous to each other: another part is thin and lengthened, and begins at the lower border, and is slightly sloped towards the extremity by which it is joined to its strap.

"These straps are swelled in their middle, and lessen very much in thickness at their upper part, where they are joined to two fillets, which closely resemble vessels, and part to the right and left. These vessels bifurcate; one of the branches support the numerous cilia; the other redescends almost to the middle of the height of the body of the animal, and, taking then a horizontal direction, carries itself parallel to the first, along the lateral prolongations, to the point where they terminate: but this is not accurately ascertained, as the only individual of the genus which *MM. Lesueur* and *Peron* could procure for examination was imperfect.

"Although the individual which has just been described was not perfect, yet its length was about a metre and a half, its height eight centimetres, and its thickness only one centimetre.

"*MM. Lesueur* and *Peron* found it in the waters of Nice, about four decimetres from the bottom, May 1809, when the sea was calm, and the temperature of the water, about 14° Reaum, (63.5. Faht.) It was swimming in a horizontal position, with the mouth upwards: its motion was slow and undulating. It is to be regretted that these Naturalists could not procure more specimens; but, although unknown to us, they are less rare than supposed, as *M. Risso* has seen great numbers of them in the harbour of *Ville-Franche*, where the fishermen name them sea swords, *sabres de mer.*"

PART III.

ANALYTICAL REVIEW.

I.

Observations sur la Nature et le Traitement des Maladies du Foie. Par Antoine Portal, Professeur de Medicine au College Imperial de France, d'Anatomie, au Museum d'Histoire Naturelle, &c. &c. Octavo, pp. 646. Paris. Imported by De Conchy, London.

Professor Portal, author of the best history of Anatomy perhaps extant, and of several other scientific works, full of years passed in the honourable exercise of an useful art, here presents to the world the result of his experience in the treatment of diseases of the Liver. He has furnished us with the particulars of a very considerable number of dissections, in tracing the causes of deranged action in this organ; and with a candour highly laudable, has related the progress and termination of fatal cases, equally with those which yielded to the influence of medicine.

The volume is divided into two parts. The first treats of those diseases of the liver, the direct seat of which is generally acknowledged to be in that viscus. The second regards the state of the liver in various complaints, the cause of which is to be looked for in other organs, although in the generality of cases they have been found to terminate in a wasting of the liver.

The first chapter is on pain of the liver as a principal symptom, and shews, in a multitude of cases explained by dissections, that it may be produced by various morbid affections of the parenchymatous structure of the viscus. It also treats of obstructions of the excretory ducts; and of suppuration.

The second chapter is on the increase of size of the liver; and of obstructions: also on the decrease, induration, and softened state of the viscus. The dissections of Piso, Bartholine, Bonnetus, Valsalva, Morgagni, Lieutand, and other authors of respectability, are quoted, to prove the fact of the liver having sometimes attained a very extraordinary degree of magnitude. The Professor subjoins some remarks on this subject, and observes, that great eaters generally have the liver

larger than other persons; as have those also who lead a sedentary life; while in those who use much walking-exercise, or employ themselves in laborious occupations, and live with temperance, it is less frequent.

The size of the liver is also influenced by various diseases: —thus, ricketty, scrofulous, and venereal patients, and those, likewise, who have suffered by long fevers, have usually enlarged livers. This enlargement, the author considers as chiefly mechanical, and produced by the lateral pressure of the liver on the surrounding viscera and blood-vessels impeding their action, and occasioning various derangements of their functions.

In the subdivisions of this chapter, we meet with some general remarks on the symptoms, causes, prognostics, and treatment of obstructions, and swelling of the liver, illustrated by anatomical and clinical observations. Our author conceives, that there are few chronic diseases, fevers, derangements of the digestive organs, and dropsies, which are not accompanied by obstructions of the abdominal viscera, in general, and of the liver in particular; and he adduces the experience of other pathologists in proof of this opinion.

The symptoms by which enlargement of the liver may be known, are, a sense of weight and unusual fulness, with slight difficulty of respiration. Obstructions manifest themselves by more or less pain on pressure; and, likewise, during a distended state of the stomach in the process of digestion: sometimes, pain is felt in the epigastric region, when pressure is made by the finger under the last false rib, on the right side.

The diagnostic signs of obstruction are then enumerated.

There is no apparent fever at the commencement of obstructions of the liver; and in some cases, it only comes on, when the disease is far advanced. There is sometimes, however, a slow fever so little perceptible, that it almost escapes attention. It happens, occasionally, before the physician is aware of its existence, that the patient feels a heat in the palms of the hands, feet, and cheeks, with an unusual redness: the heat being increased after eating, and in the night: until it becomes, at last, habitual and constant, with remissions as in the usual form of sympathetic fever.

The colour of the face is sometimes altered from the commencement of the disease. Spots of yellow, of variable extent and of lighter or darker shades, are perceived, at first, about the eye-lids and lips only; at other times a yellowish tint of the skin is visible on the neck, the palms of the hands, the anterior and superior part of the thorax, and, afterwards, over every part of the body, as is usually seen in icterus.

M. Portal observes, that there may exist considerable obstructions of the liver, which may be very much enlarged, with-

out any appearance of jaundice; but, he adds, that, in these cases, there is, doubtless, neither compression nor contraction of the biliary ducts; and, that the bile is not interrupted in its course to the duodenum; or, its properties altered. Yet, even in these cases he admits, that the countenance does not preserve its natural appearance. The urine, also, suffers a change, assuming a yellow colour; and often deposits a reddish sediment. The dryness and itching of the skin, and certain cutaneous eruptions, are, likewise, referred to obstruction of the liver as a primary cause. Flatulency and colic are mentioned as symptoms of hepatic obstruction, which is also accompanied with costiveness: in fact, a derangement of secreting organs in a part so essential to a due performance of the animal functions, must occasion a train of symptoms, which an attentive practitioner will be enabled to distinguish.

The following section describes the general causes of obstructions of the liver. One of these is believed to be from the peculiar structure of the part, which, in proportion to its volume, has fewer arteries than veins; and from the many glands, lymphatic vessels, and ducts, which are small, contorted, and closely connected together, conveying various fluids in different directions. It is observed that much cellular membrane invests these vessels, and fills up their interstitial spaces; and, also, that this organ is one of the least irritable in the body, having a small proportion of nerves compared with its size. We are told that much experience has induced the author to believe, that catarrhal, venereal, scrofulous, and rheumatic affections, suppressed secretions, inflammations, compression, fevers, and mental solicitude, are very general causes of obstructions and diseases of the liver.

M. Portal does not attempt to explain the modus operandi of these causes, but very frankly admits that it is unknown to him. He believes, however, that the effects of the above enumerated causes are variable; both in the kind of obstruction, and the difference of the patients' constitution. Sometimes the causes of disease acting on the solids, at other times, on the fluids, or on both, produce various simple or complicated effects, speedily or protractedly, which do not admit of satisfactory explanation. He reprobates the vague explanations frequently attempted, as being rather prejudicial than beneficial to the medical art.

In a question of importance, in which so much diversity of opinion has long existed amongst men of acknowledged acquirements, we have considered it proper to transcribe the sentiments of our author more at large.

"We shall," says he, "not hesitate to declare, that we do not consider the system of those (les Solidistes) who believe all disorders to exist in the solids to be at all better founded than that of

the favourers of the humoral pathology (les Humoristes). Perhaps it would be better, sometimes, to unite them, in order to approximate to the truth; but all these explanations cannot afford us any information in the requisite treatment. Alas! it is only from a full conviction of the insufficiency and the inutility of theories, that good practitioners reject them, and suffer themselves to be guided by observation alone! All that we know with certainty respecting a plenitude of the vessels (engorgement,) and obstructions of the liver is, that some are produced by the blood, or by the bile; and others by the lymph, or by one of the principles of its composition, as, albumen, gelatine, or mucus. It is acknowledged that fulness and obstructions are formed by an admixture of several of these humours. We have, long ago, made these remarks relative to obstructions and fulness of the omentum*; and we have likewise often noticed the same facts respecting the liver."—p. 56—7.

The section on prognostics contains nothing which would not offer itself to the mind of a practitioner, capable of distinguishing the diseased state of the liver, and no other could derive instruction from an enumeration of particulars. The change sustained by the active, or chronic inflammation, the habit of the patient and the extent of derangement in the functions of the organ, must always be considered as forming the most correct prognosis.

The treatment remarked in what is called fulness of vessels of the liver, consists in the early abstraction of blood from the arm; by cupping glasses applied over the affected part, or by leeches. Mild aperients are advised in preference to the more active purgatives; with fomentations and the general warm bath. A large blister to the right hypocondrium is considered useful. When neither pain nor swellings of the liver can be discovered, diluent drinks in the form of light infusions of various herbs are advised; bitter, and cathartic extracts, as of taraxacum, gentian, hops, horehound, aloes, &c.; with inspissated bile of animals, particularly of the calf and the ox. Mercurial preparations are noticed, but in such a manner as convinces us, that our author is not fully aware of their utility, nor of the extent to which they can be advantageously employed in hepatic obstruction.

The consideration of the various substances which occasion biliary obstruction is amply discussed; an account of their component parts given; with a chemical analysis of the bile. The remedies recommended, if there be not pain, tension, or

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* See a Memoir on Diseases of the Omentum (Epiploon) in the Volume of the French Academy of Science for the year 1771.

fever, are gentle emetics, freqently repeated, saponaceous medicines, bitter infusions, and mineral waters.

M. Portal has subjoined some remarks to this chapter, describing the various kinds of biliary obstruction, and the different appearances of the liver on dissection. The causes were chiefly found to be gall stones.

He then proceeds to consider the state of the lymphatic vessels, and elucidates the subject by a reference to his own dissections.

In his commentary on the change of structure perceived in the liver after death, we find the following doubt expressed:

"Are the substances which form obstructions, as discovered on inspection, of the same nature as they were at the time the diseases commenced, or, have they passed through a succession of changes? This appears to have happened in several cases. We know, however, that obstructions have various terminations, requiring more or less time for their complete formation. Gelatine, for example, which is principally seated in the cellular membrane, sometimes occasions considerable swellings without altering the shape of the organ; at others, it augments one particular part. Changes of this kind may exist for months, and even years, without taking on a new character."

The various species of hepatic tumour are noticed, and instances of each quoted from dissections. Some general and pertinent remarks are also made on the component parts of diseased structure; but no mode of life is described, which can prevent their formation, nor any particular remedy to resolve the enlargement, with which we were not before acquainted. The treatment must be varied according to the intensity of the disease and the state of the patient, keeping in view the necessity of resorting to such means as have most influence in regulating the functions of the liver. The pillula hydrargyri of the London Pharmacopœia, which has been so extensively and usefully employed, in this country, in hepatic derangements, does not seem to be sufficiently known to M. Portal.

The next chapter is on Jaundice; and commences with an account of appearances observed on opening the bodies of numerous individuals in whom mechanical obstruction of the excretory ducts was found to have been the principal cause of disease:—such as gall stones, schirrous and other affections of the liver, tumours in its vicinity intercepting the flow of bile, &c. &c. A long dissertation follows on the acknowledged causes of icterus; and, to facilitate a knowledge of the proper treatment, the arrangement is made by pathologists into eleven species.—These are said to be,

1. Plethora of the biliary vessels.
2. Sanguineous plethora.

3. Inflammation of the liver and of the surrounding viscera.
4. The diminution or suppression of natural evacuations, or of habitual and morbid excretions.
5. Violent and long continued pain.
6. Acrid poisons, and the bite of venomous animals.
7. Powerful mental affections.
8. Fevers.
9. Swellings and obstructions of the abdomen, particularly of the liver.
10. Falls, contusions, and great compression of the abdomen.
11. The peculiar state of new-born children.

In perusing the method of cure for these various species of hepatic affections, we are insensibly led into a train of reflection, from which we must draw one of two inferences; either that, in France, these diseases do not require the agency of powerful remedies, or, that it is possible for an anatomist to have acquired merited celebrity, without being versed in the operation of these active and efficacious medicines, which a very Tyro in this country could apply with success. The remarks of Andre and Saunders are occasionally quoted; but it should seem that the spirit of British practitioners does not so easily migrate to the physicians of France, who, with a few exceptions, are disciples of the old Galenical school. Bleeding, the warm bath, purgative mineral waters, weak infusions of various inactive simples, in the form of ptisan, saponaceous medicines, aloetics, and the gall of animals formed into pills, comprise the whole treatment of this formidable disease. Mercurial action carried to salivation is just mentioned, in a way to convince us, that it is only known by name to the author.

The fifth chapter is on bilious fever; the sixth, on bilious cholic, with the appearances on dissection; then follows the result of many extispicious inspections, where death had been caused by inflamation of the liver, in which the usual circumstances of serous effusion, coagulated lymph, and altered parenchymatous structure were obvious. The symptoms of hepatitis are minutely described, the prognostic correctly pointed out, and the treatment of the acute inflammation of this viscus very appropriate; viz. early and copious general bleeding, cupping, and blistering, the warm bath and mild aperients. The employment of mercurial frictions is here indeed vaguely noticed. We shall state the author's observations in his own words:

"On a fait en Angleterre un tres grand usage des mercurieux soit intérieurement, soit exterieurement; le calomelas a été prescrit à dose assez grande pour exciter la salivation, dont on croit avoir retiré d'utiles effets. Les onctions avec la pommade mercu-

rielle ont aussi été celebrées ; mais comme l'ont remarqué de très bons practiciens Anglais, les remedes mercurieux ne conviennent pas quand l'inflammation est prononcée, mais lorsqu'elle est très diminuée."—p. 281.

The next chapter describes the wasting of the liver *(phthisie hepatique).* Many dissections of fatal cases are adduced; and the causes stated to be the presence of other diseases in the habit, as syphilis, scrofula, and gout; and we are advised to employ remedies for the cure of these diseases! A farrago of medicines is noticed, which does not require a moment's attention, and leads us only to lament the defective state of the healing art, when opinions are formed by such men as Portal without any precise data.

The second part of the volume treats of the state of the liver in various diseases, not immediately connected with, but terminating in a wasting of that viscus. We shall do little more than notice the subject of each section. The entire division, containing twenty-two articles, or essays on the various states described; each being a collection of fatal cases with dissections; and of others presumed to have been similar, which terminated in recovery. To each are subjoined some general remarks.

Art. 1. On the state of the liver in some catarrhal affections; and on its wasting as a consequence.

Art. 2. On the state of the liver in eruptive diseases; and of the wasting of that viscus which frequently succeeds to them.

Art. 3. On the state of the liver in scrofula; and on the scrofulous wasting of the part.

Art. 4. On the state of the liver in some venereal diseases.

Art. 5. On the state of the liver in scorbutic diseases; and, particularly, on its wasting in consequence of them.

Art. 6. On the state of the liver in arthritic and rheumatic affections.

Art. 7. On the state of the liver in rachitis; and the hepatic consumption produced by that disease.

Art. 8. On the state of the liver from severe affections of the mind, and from violent pain.—This affords a wide range for the ingenious physiologist, and the speculative reasoner. M. Portal details the result of many dissections, which seem to favor the opinion, that the influence of mind upon matter is exerted chiefly on the plexus of nerves in the abdomen; and, by superinducing a spasm on the biliary ducts, lays the foundation for a deranged state of the liver, which terminates variously, according to the intensity of the cause, its protraction, and the habit of the patient.

Art. 9. On the state of the liver before and after fevers of the intermittent, continued, and remittent type, and on the

wasting of that organ, which sometimes supervenes on these diseases.

Art. 10. On the state of the liver in some dropsies.—Eighteen cases of fatal dropsy are related; in twelve of which the liver was found to be smaller than natural, and *indurated;* in the others it was larger, and *indurated,* either scirrhous, or tuberculated. We looked anxiously to the general remarks of this great anatomist for some practical information relative to the successful treatment of that formidable disease (ascites); but it was only to experience disappointment; and to regret, that so able a pathologist should be unacquainted with those active agents, mercury and digitalis, by which the practitioners of Britain are enabled to do so much, towards the alleviation and cure of dropsy.

Art. 11. On the state of the liver in some persons who had suffered under great difficulty of respiration.

Art. 12. On the state of the liver after palpitations of the heart, syncope, and angina pectoris. M. Portal relates many cases of enlarged liver, which he considers to have been the cause of these affections; and observes:

"I could quote several other instances of enlargement of the liver, particularly of the left lobe, with dilitation of the heart and right auricle, chiefly in subjects, who died of angina pectoris. They have been sometimes accompanied with morbid changes in the pericardium and lungs. These alterations are much more frequently observed, than the ossification of the valves of the heart, which Dr. Parry has considered the only cause of angina pectoris."—(p. 530.)

Art. 13. On the state of the liver in some people, who had experienced nausea, dyspepsia, and various evacuations, by vomiting and by stool.

Art. 14. On the state of the liver after bilious vomitings.

Art. 15. On the state of the liver after vomiting blood.

Art. 16. On the state of the liver in subjects who died after having had melæna.

Art. 17. On the state of the liver in some diarrhœas.

Art. 18. On the state of the liver in fatal cases of dysentery.

Art. 19. On the state of the liver after vomiting pus, and purulent diarrhœa.

Art. 20. On the state of the liver subsequent to hepatic flux.

Art. 21. On the state of the liver in persons who died of cholera morbus and intus-susception.

Art. 22. On the state of the liver after contusions on different parts of the body, and after violent exertion.

We have now concluded an enumeration of the subjects in

the volume before us. If we were to appreciate the work by the extent of its numerous and minute descriptions of diseased appearances, it would rank amongst the best of modern productions; if by the treatment of some of the most formidable diseases of the liver, it would sink far below mediocrity, especially when compared with the present state of medical science in this country. It is creditable to M. Portal, however, as a pathologist, and will be read with improvement by many practitioners, who may avail themselves of the result of his researches, and become more confident in the employment of those efficient remedies, which seem not to have been sufficiently known to or appreciated by this respectable Physician.

II.

A Treatise on Hydrencephalus, or Dropsy of the Brain. By JAMES CARMICHAEL SMYTH, M. D. F. R. S. Fellow of the Royal College of Physicians, and Physician Extraordinary to His Majesty, &c. &c. &c. 8vo. pp. 120. Callow, London.

WE acknowledge ourselves to be among those who regret, that so many of the works on the practice of medicine, or, to speak more correctly, practical treatises on particular diseases, have been written by young men, with a view of recommending themselves to the notice of the public; whilst older and more experienced practitioners have too often shrunk from the task of authorship, and left the world, without bequeathing to posterity any part of the practical knowledge their observation and experience had enabled them to accumulate "Verumque est, ad ipsam curandi rationem nihil plus conferre, quam experientiam*." Whenever, therefore, a volume issues from the pen of any one of the last description of practitioners, we open it with an avidity commensurate with the expectation of instruction, which we reasonably anticipate from its perusal. That we are sometimes disappointed, candour obliges us to acknowledge; but on the other hand we have more frequently obtained what we expected—sound practical doctrines, established on correct observation. Whether the volume before us be exactly of this description, we shall endeavour to enable our readers to judge by the analysis we are about to lay before them. We think proper, at the same time, to preface the re-

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* *Celsus de Re Medicina*, lib. 1.

marks we may be led to make upon it, by observing, that, however highly we respect the name of every Physician who may have deservedly obtained the public confidence, and consequently an extensive reputation; yet, if he hazards the publication of his opinions, we conceive it to be our duty, as Reviewers, to ascertain the merits and defects of the work alone, without regard to the character or reputation of its author.

But to our task.—The name which our author has chosen to designate the disease of which he treats, is certainly more critically correct than that by which it is generally known; but, the difference is scarcely sufficient to authorize the deviation from the common term, which has been universally adopted by authors, and become familiar to the Profession. On this point, however, we are not disposed to differ with Doctor Smyth; and acknowledge that, as hydrocephalus literally implies *water head*, and hydrencephalus *water brain*, the latter is undoubtedly the more correct appellation.

In the preface we are informed, that the treatise "was written upwards of twenty years ago," and has been since occasionally revised and corrected; but, owing to a resolution of the author, "not to publish any thing on a subject, upon which there was such difference of opinion, so long as he continued in the exercise of his profession;" and to several unforeseen events which have occurred since he left the public exercise of that profession, eleven years ago, it has only now made its appearance. It might have been naturally expected, that in this period of probation, Dr. Smyth would have made himself acquainted with the opinions of every author who had previously handled the subject; but if we are to judge from the treatment of his subject, and the names quoted in the work, this was by no means the case; and he even feels the necessity of apologizing for his unacquaintance with the more recent publications. "It is only," says he, "within these few weeks, that my bookseller, to whom I had transmitted my manuscript, sent me an essay on the *hydrocephalus acutus*, published by a Doctor Cheyne, of Edinburgh, in the year 1808."—p. iii. And it appears to have been only through the medium of this Doctor Cheyne, that he became acquainted with the opinions of other modern authors; for he adds—"though pleased to observe an agreement on some points, I was not a little mortified to find his ideas, and (to judge from his quotations) those of all the late writers on the subject, directly opposite to mine, both in respect to the nature of the complaint, and likewise the proper mode of treating it."—p. iii. Now when we reflect, that the observations of our author, according to his own acknowledgement, "are the result of thirty years experience," and that the work was twenty years in hand, we cannot avoid con-

demning his indifference, in not examining into all the contemporary opinions, at least, which had been published on the subject, as an instance of contempt for the observations of others highly reprehensible.

The remainder of the preface consists of a criticism of Doctor Cheyne's essay, on which we do not feel disposed to make any comments; but shall merely remark, that it is drawn up in a style which lays open our author in return to the freest scope of criticism. But although we do not wish to give any opinion on the criticism on Doctor Cheyne, yet, we cannot avoid pointing out one passage of our author, which to us appears very remarkable. While dilating on the impropriety of blood-letting recommended by Doctor Cheyne; "For my own part," says he, "I have never seen a case that seemed to require it, nor have I ever met with a physician who advised it."

In the introduction, a general view of dropsy, under all its variety of forms, is attempted. In the definition of the general disease, we were rather surprized to find transparency insisted on as a distinguishing characteristic of the dropsical fluid. For, although in perhaps a great many cases the fluid of dropsy is transparent, yet, instances occur, some of which have fallen under our own observation, where this feature is not only not present; but the serum is opaque, and contains pieces of lymph. In a case of ovarian dropsy, which came under our care, three gallons of a thick, glutinous, brown, opaque fluid, were drawn off by tapping; and the same kind of opaque fluid was the result of a repetition of the operation at three different times. The other observations on dropsy, as a genus of disease, contain nothing remarkable; unless it be thought remarkable, which we conceive it to be, that so respectable a physician, publishing his opinions on so important a species of the genus, should be altogether unacquainted with the more correct views which have lately been given of its pathology. We think ourselves justified in this observation, when we find stated as a general symptom of dropsies, "high-coloured urine, made in small quantity, and depositing a brick-dust sediment." —p. 29. Now it is a fact, that the urine of dropsical patients assume very opposite appearances, being sometimes pale, crude, without sediment, scarcely possessing urinous properties, and copious; at other times dark, thick, and letting fall a sediment; now, such as our author describes; again, scanty, but scarcely differing from healthy urine; sometimes coagulable by heat, like the diluted serum of the blood, and sometimes not at all affected by this agent: these different states indicating, as Doctor Blackall has justly observed, "a corresponding dif-

ference in the constitutional affection to which they belong*." The scanty, high-coloured urine, depositing a lateritious sediment, scarcely ever occurs in original or idiopathic dropsy; but is generally indicative of some visceral affection, of which the dropsy is a result; and that such a disordered state of the viscera is more frequently the origin of dropsy, we believe to be the fact; "Hydrops non tam ipse morbus est, quam morbi alicujus signum†."

Doctor Smyth justly observes that hydrencephalus was unknown to the ancients, and states that it was first noticed by Petit; but, although this author first attempted to describe the disease, yet, Doctor Quin, an author whom the Doctor, by the bye, has not condescended to notice, observes, "that many traces of it are to be found in the works of the medical writers of the two last centuries‡:" and quotes passages from *Sennertius*, *Hieronymus Mercurialis*, *Bonetus*, *Wiseman*, *Blackmore*, and *Morgagni;* and in his appendix gives a case from *Borelli*, and another from *Epiphanius*, in proof of his assertion. In commencing the description of the disease, like other writers on the subject, our author notices "the distinction of acute and chronic."

"In the acute, as the size of the head is not in the least altered, the disease can only be distinguished by its appropriate symptoms, which are always more or less violent, consequently it is of short duration, terminating commonly in a few weeks."

"In the chronic hydrencephalus, the head is always of an unnatural size, often of an enormous one; it is never accompanied by fever or any acute symptoms, and therefore is of long duration, as the name implies: sometimes it continues as many years as the other does weeks."—p. 4.

Our author mentions also a mixed form of the disease, which, however, partakes more of the acute. It occurs when the sutures of the skull give way to the internal distension; when there is a temporary suspension of the acute symptoms, which existed prior to the separation. This suspension is merely temporary; the termination is more rapid than that of the acute form, but considerably less so than that of the chronic.

Doctor Smyth assumes the merit of now first noticing another distinction of hydrencephalus, "that of the original or primary, and the symptomatic or secondary:" but this arises from his not having made himself acquainted with the opinions

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* *See Blackall's Observations on the Nature and Cure of Dropsies, &c.* p. 2.

† *Heberden, Commentarii*, p. 187.

‡ *Quin on Dropsy of the Brain*, p. 2 C, 24.

of the more recent writers on the disease; several of whom have particularly noticed this distinction. He conceives, however, that there are two diseases only, in the course of which "it may make its appearance, and where it may justly be reckoned secondary or symptomatic. These are, the intestinal remitting fever of children, and the scarlet fever, or scarlatina anginosa." In both these instances, he attributes the appearance of the water in the brain to the great debility consequent to the primary diseases; an opinion with which we do not accord, but which we shall have occasion to examine fully, when noticing that part of the volume that treats of the causes of hydrencephalus.

The description of the disease is copied from Doctor Whytt. In his remarks upon it, our author approves of the division into three periods, marked by the alteration which takes place in the state of the pulse; but admits that there is no decided change in any of the other symptoms; and that even the duration of the stages "differs widely in different instances." With regard to the duration of the disease itself, Doctor Smyth thinks that in no instance it exceeds six weeks, more generally it seldom extends beyond three: but he conceives that there is a considerable difference in this respect, between primary and secondary cases; the latter being more likely to be of longer continuance.

Doctor Smyth observes "that the symptoms stated by Doctor Whytt as marking the first stage of the disease; viz. fever, langour, paleness, loss of appetite, vomiting, head-ach, morbid sensibility to light, costiveness, with occasional purging and griping, picking the nose, watching, &c. although they cannot be said, when taken separately, to be peculiar to the hydrencephalus, yet, when considered under certain circumstances of relation and combination, they serve to distinguish the disease." —p. 30. We should have been gratified, had the Doctor specified these peculiar circumstances of relation and combination; for as far as our experience has gone, and after perusing almost every author who has written on the subject, we know of no symptoms decidedly peculiar to the early stage of dropsy of the brain, which do not occasionally occur in the remittent fever of infants, worm cases, teething, and other diseases of irritation. If, however, we were called upon to say, whether the formation of an early diagnosis in this complaint be of very great importance; we should answer in the negative: for although it is always better to be able to name a disease at first, yet, if our opinion be correct, in this stage of hydrencephalus effusion has not yet taken place; and, therefore, the same remedies, which are useful in the disorder with which it may be confounded, are perhaps the best that can be employed, for re-

moving irritation and diminishing excitement, in the early stages of that complaint. But, although our author has not exceeded his precursors in ascertaining those symptoms which are peculiarly diagnostic of the first stage of dropsy of the brain, yet, we must not withhold from him our tribute of applause for what he has accomplished. The perspicuity and truth of some parts of his description of the symptoms of this stage, display an admirable minuteness of observation, which we would willingly see imitated. The following quotation will, we conceive, be a sufficient proof of the justice of our opinion.

"The countenance of a child affected with this disease is, in general, strongly marked, being expressive of distress and suffering; their temper also, is particularly irritable and fractious: the head is commonly hot, or hotter than any other part of the body; and and often covered with a clammy perspiration, which, when the child is asleep, becomes cold; and their countenance acquires a death-like appearance. The veins of the head, I have, on many occasions, observed greatly swelled and distended; and I have sometimes, also, remarked a puffy or œdematous swelling on the lower part of the forehead, immediately above the nose.

"In the first stage, their position when in bed is commonly on their side, with their head low, and the knees drawn up; as the disease advances they roll the head from side to side, or throw their arms over it. They often sigh, and their breathing, at a time when there is no irregularity observable in the pulse, is extremely irregular, particularly when asleep. They express great dislike at being spoken to or disturbed, and are extremely averse to take any thing, either liquid or solid, particularly the latter. Although they vomit only occasionally, and commonly after eating, or from being put in an erect posture, they apparently suffer from constant sickness. They vomit less frequently, when permitted to lie still, and without eating. What they throw up is only the food or drink they have lately taken. The retain their water longer than usual, and never have a stool but what is procured by purgatives, either given by the mouth, or thrown up as glysters; and in general, the strongest and most powerful medicines of this class are requisite to produce the effect. Their abdomen is commonly flat, and compressed, in a manner I have seldom observed, except in persons affected with the painter's cholic. Their urine has nothing remarkable in its appearance; but their evacuations by stool are remarkable both in appearance and smell, and entirely different from any evacuation of the kind I have ever seen.

"Dr. Fothergill has described the stools very exactly. 'They are most commonly of a very dark greenish colour, with an oiliness or glossy bile, rather than the slime which accompanies worms.' p. 47. Their smell is more a cadaverous smell than that of feculent matter; and the breath acquires the same smell at the more advanced periods of the disease."—pp. 35—37.

In pointing out the diagnosis, Dr. Smyth states it as his opinion, that water is present in the ventricles from the commencement of the disease. "Although," says he, "the symptoms of hydrencephalus have only one origin, viz. the collection of a watery fluid in the ventricles of the brain, yet, this cause, simple as it is, produces two distinct and opposite effects; and consequently the disease is accompanied by symptoms of a kind and character not only different, but directly opposite to each other."—p. 41. The symptoms here alluded to, are those of irritation and of compression; the former, in our author's opinion, arising from the distension of the fine membrane lining the ventricles, the latter from the weight and pressure of the watery fluid. With regard to the diagnostic symptoms themselves, Doctor Smyth has enumerated almost all those which are stated in his description of the disease; and, although, in his preface, he dissents from the opinion of Doctor Cheyne, "that the fullness of a description supersedes the necessity of a diagnosis," yet, by the re-enumeration of all the prominent symptoms, he here practically admits its propriety. We are fully aware of the difficulty of selecting any two or three of the train of symptoms as particularly diagnostic of this disease; but, if any can be selected, we conceive the following are those likely to raise a suspicion of the existence of the disease in its early stage; viz. great reluctance to the erect posture, violent and continued head-ach, eversion from light, suddenly interrupted sleep, with screaming, and imperfect closure of the eye-lids; vomiting and obstinate costiveness, with the dejections, glossy, and of dark green colour when procured by medicines. If the second stage advance, the irregularity, slowness, and intermissions of the pulse, the fixed dilatation of the pupils, strabismus, coma, and even blindness, leave no room for doubting the presence of the malady; "but," as our author justly observes, "if we are ignorant of the nature of the disease till then, *sero medicina paratur.*"

In a section intitled, "*Explanation of the Symptoms,*" the whole of these are referred to irritation from extension of the ventricles, and compression of the brain. The enlargement or distention of the veins of the head, and the suffusion of blood in the tunica albuginea, with the frequency of the pulse at the termination of the diseases, are thus accounted for:

"The explanation appears to me simple and natural. The fluid collected within the ventricles must, by its pressure on the longitudinal sinus and other internal veins of the head, prove an impediment to the free return of venous blood from the brain, and of course occasion a greater proportion of that fluid, to be returned by the external veins, which must necessarily cause a swelling or distention of them. But, as it is only a certain quantity that these

can easily transmit, a remora to the returning venous blood soon takes place in the external as well as the internal veins. And as every remora proves, sooner or later, a cause of dropsy; and the cellular membrane immediately above the nose being of a looser texture than in any other part of the forehead, the œdematous or dropsical swelling makes its appearance first in that part.

"The suffusion of blood on the tunica albuginea, or white of the eye, often noticed in the hydrencephalus, especially in its last stages, and the occasional bleeding at the nose, observed in one case by Dr. Whytt, admit of explanation upon the same principle. The very great frequency of the pulse in the last stage of the disease, is ascribed by Dr. Whytt to irritation: I am, however, of opinion, that during this last period, the excessively quick and feeble pulse is more the effect of debility than of irritation. We observe that the same quickness in the pulse, or action of the heart, takes place in animals bled to death; and I observed the same thing in two children, who died, I am persuaded, sooner than they otherwise would have done, from the sudden absorption of the fluid accumulated in the ventricles. In both instances, the pulse became quick and feeble, in proportion as the other symptoms of the disease (whether of irritation or compression) disappeared"

The most remarkable part of the foregoing quotation, is the confident statement of the sudden absorption of the water contained in the ventricles: and for our parts, we should have been happy to have been informed, by what means the learned author ascertained this fact. In the section detailing the method of cure, indeed, these two cases are again referred to; and the evidence of the absorption having taken place, appears to have been deduced from the symptoms in the one case; "and in the other, by the examination of the brain after death." Now to us this kind of evidence is by no means satisfactory; and some ill-natured critic may be led to suspect the fallacy of the Doctor's observations, and seriously doubt whether there was water in the ventricles at any time, in either of these cases. Instances, Dr. Smyth must know, have occurred, in which the symptoms of dropsy of the brain were apparently unequivocal, but in which, nevertheless, no water has been effused in the ventricles. Of this character are the two following, which we quote from Dr. Quin's treatise; and with which we cannot conceive the Doctor to have been unacquainted. The dissections were, "those of a young woman who died at Edinburgh, while I (Doctor Quin) was there, in the year 1777; and that of a boy, attended by my father many years ago in Dublin: in both of these patients the symptoms preceding death were to all appearance so unequivocal, that the physicians not only pronounced the disease to be water in the ventricles, but likewise foretold the symptoms, which were to be expected a few days before dissolution; the looked-for changes

did accordingly take place, and the patients died: in both cases, to the astonishment of those who were present, and prepared to find on dissection a great redundancy of water within the cranium; none could be discovered in any part of the brain; but the blood-vessels were so unusually distended, that the whole of the *cerebrum* and *cerebellum* resembled an anatomical preparation, in which the utmost force of injection had been employed*." We cannot imagine, that any one will be found to assert, that in these cases water had existed in the ventricles, and had been absorbed: how far Dr. Smyth's cases resembled them, we have no means of judging.

In the next section, entitled "*Appearances on Dissection,*" our author has advanced opinions, which might lead his readers to suspect that the treatise had been written at least a century ago. After mentioning that, besides the morbid collection of a fluid in the ventricles, other morbid appearances have been noticed by various authors, he continues—

"Besides the collection of a fluid, with the sodden and flaccid appearance of the ventricles, the only unnatural circumstance that ever struck me, was a number of red points observable on making a transverse section of either hemisphere of the brain; which, in my opinion, are nothing more than the small veins of the brain gorged with blood, owing to the compression made by the distended ventricles on the sinus, or larger veins: but whether this conjecture is well or ill founded, there is one thing of which I am confident, and am certain that every anatomist, conversant in the dissection or examination of morbid bodies, will agree with me; that neither the brain itself, nor its membranes, in any case of hydrencephalus that ever yet has been examined, shewed any appearance of inflammation, or of the usual effects of this having taken place†. This remark I feel myself called upon to make, as several very eminent men have entertained an opinion, that the collection of fluid in the brain is always the consequence or effect of phrenitic inflammation. But the authority of no name, however respectable, can be put in the balance against the authority of facts and experience."—p. 58, 59.

We believe there is no part of the passage just quoted with which the majority of intelligent practitioners will agree,

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* *A Treatise on the Dropsy of the Brain, &c.* by C. W. Quin, M. D. p. 49.

† "Serous effusions, the consequence of inflammation, are always turbid, and mixed with flakes or filaments, whilst the surface of inflamed membranes are covered with coagulable lymph, the membranes thickened and adhering to the contiguous surfaces."

except the last sentence. It is altogether on the authority of facts and experience, on dissections and the repeated minute examination of the state of the brain in fatal cases of hydrencephalus, that an opinion directly the reverse of that advanced by Dr. Smyth now generally prevails. Morgagni details several dissections in which a morbid effusion of serum was found in the ventricles, with evident proofs of inflammation having existed*. In the dissections of Dr. Quin, who quotes the cases of Morgagni, a considerable quantity of fluid was found in the ventricles, the vessels of the membranes and brain itself were extremely turgid with blood, at the same time there were either adhesions or partial opacity or increased thickness of the meninges, with patches of inflammatory crust, and other evident marks of inflammation having existed in the brain†. The following are the appearances found by Dr. Cheyne:—"We generally find within the cranium, the veins, particularly those of the membranes in the surface of the brain and lining of the ventricles, gorged with dark blood; sometimes considerable adhesions between thickening of the membranes, and minute and florid vessels upon the pia mater. The ventricles we find to contain from two to six ounces of limpid serum, &c."‡ Of the same description are the various cases, which have occasionally been detailed in the Medical Journals; and our own experience completely coincides with the opinion, that in every case, whether primary or secondary, signs of inflammation of the brain are always to be found on dissection. If more evidence were required, we might refer to the numerous dissections of maniacal cases, detailed by Mr. Haslam§, in which water was found in the ventricles, with marks of great determination to the brain, and inflammation of the membranes. In one respect, Haslam's cases strongly controvert an opinion of our author, on which he seems very much to rely, viz.—"That serous effusions, the consequence of inflammation, are always turbid and mixed with flakes or filaments." Now, in Haslam's observations, the water found in the ventricles, in several of the cases, is particularly stated to be pellucid, while at the same time the most evident marks of a previous inflammatory action existed||. On these passages, and that quoted from our author,

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* *De Causis et Sedibus Morborum.* Epist. i. Art. 2 et 14; Epist. vi. Art. 8.

† *Quin's Treatise on Dropsy of the Brain*—see particularly Case xii. p. 142, and Case xvi. p. 161.

‡ *Cheyne's Essay on Hydrocephalus Acutus, passim.*

§ *Observations on Madness and Melancholy, passim.*

|| See Case xxiii. p. 133—Case xxvii. p. 140—Case xxx.

we leave our readers to make their own observations, and therefore refrain from any further comments.

We have stated the opinion of our author regarding the origin of dropsy as a genus of disease; and we have only to mention, that he considers hydrencephalus merely as a local species, depending on the same general causes as the other species of the genus. If we were disposed to admit this opinion, we should still deny the correctness of the causes, stated by Dr. Smyth, as referring to the genus. With regard, however, to hydrencephalus in particular, we are decidedly of opinion, and we believe our sentiments are those of the majority of the practitioners of the present day, that the effusion of the serum is the consequence of increased vascular excitement of the organ. Whether this is idiopathic, or arises as a secondary affection from a morbid state of the liver and other chylopoetic viscera, we will not pause at present to inquire, but merely observe, that the frequent appearance of disease in these viscera in dissections of hydrencephalus, may justify the opinion of Dr. Cheyne and others on this point.—As predisposing causes of hydrencephalus, dentition and scrophula are particularly noticed; and the author properly admits, in regarding the latter, "that the same predisposition is favourable to both diseases." (p. 62). An hereditary taint, "bad nursing, improper food, hard water, and other debilitating causes, or some previous disease, by which the child's strength and general health has been impaired," are also stated as giving a predisposition to the complaint.

The following passages will give the reader a correct idea of our author's mode of reasoning on this part of his subject:

"As it appears then, that the dropsy of the brain agrees in all the principal circumstances with the general character of the class, we are warranted in concluding that it has a similar origin, or must arise from the same causes, which we have already proved to be, either an obstruction to the return of the blood through the veins, or weakness, general or local. The first is probably the cause in those instances of hydrencephalus accompanied with a diseased organic structure of some portions of the brain adjoining the lateral ventricles; but, as examples of this are not frequent, we must look upon the other cause, viz. weakness, general or local, or both, as the usual source of the disease.

"In the Introduction, I endeavoured to prove, by evidence derived from our experience and observation of diseases, the only evidence the subject admits, that general weakness or debility was a frequent cause of dropsy; and this fact I consider to be so well established, as not to be called in question by the most sceptical. The case, however, is very different with respect to local debility, the existence of which, as a cause of dropsy, is not ascertained by the same evidence, but rather inferred from analogy, or assumed as

a means of explaining the phenomena or appearances of the disease. Fortunately, however, in the present instance, we are not under the necessity of having recourse to supposed or doubtful data: as general weakness, with the circumstances peculiar to the infantine constitution, are of themselves sufficient to explain the origin of the disease."—p. 64, 65.

Now, although we do not allow that we are among the most sceptical, yet we are sceptical enough to doubt, whether "general weakness and debility" are such frequent causes of dropsy as Doctor Smyth would wish us to believe. In dropsies, the blood when drawn is often buffy, and the urine is loaded with coagulable matter: in dissections of ascites, the liver, pancreas, or some other of the abdominal viscera, generally display symptoms of previous chronic inflammation having existed; the same signs are evident in hydrothorax; the serum being often opaque and lymphy, and the pleura itself covered with a reticular web, with sometimes small abscesses of the pleura costalis: and in hydrencephalus we find, thickenings of the membranes of the brain, patches of inflammatory crust, and adhesions; all which we advance as solid reasons for differing from the opinion of the learned Doctor, "that the origin or formation of the disease, can easily be traced to general weakness alone."—p. 67.

In treating of the "Cure of the Disease," the author justly observes, that a knowledge of the animal œconomy, and all pathological speculations, "are only valuable to the practical physician, in so far as they facilitate his art, or lead to a more expeditious and certain method of removing or alleviating human pain and suffering." Our readers must judge for themselves how far the remark is applicable in his own case.

From the previous view we have given of the reasonings of Dr. Smyth, we need scarcely state that the intention of the remedies he orders, is to produce such an excitement of the vessels of the brain, as shall cause the fluid, which he conceives to exist in the ventricles at the very commencement of the disease, to be absorbed. With this intention, therefore, having "observed the happiest effects from the combination of mercury with the fresh squill," in hydrothorax, he employs it in hydrencephalus, and seems to attach particular importance to the form of the preparation and the manner of using it.

"My form and manner of using it, was the following—Ten grains of crude quick-silver was rubbed down with twenty or thirty grains of cordial confection, or manna, to which afterwards, five grains of the fresh squill was added, and the whole made up with any syrup, to the consistence of a soft bolus or electuary, to be divided into such small parts or portions, as was necessary for its being administered along with a little gruel, panada, or the like: and where it could not be conveniently administered in a solid

form, I have given it as a mixture, suspending the mercury by means of some mucilage; but I prefer giving it in the first way, where it can be done. The dose above mentioned, that is, ten grains of mercury, with five grains of the fresh squill, was given every six or eight hours, where the child's stomach could bear it. The efficacy of this medicine I have occasionally endeavoured to promote, by giving other diuretics at the same time; but, the stomach will seldom admit of this practice."—p. 73, 74.

Besides the exhibition of squill and mercury, Dr. Smyth regards the application of caustic to the bregma as of the first importance. One of the means assigned for preferring the caustic to blisters, we do not at all understand. "The first (blisters) can only act," says he, "on the living fibre; the second acts equally on the dead." Although we have had no experience of caustic in this disease, yet we can readily believe, that as it is a more powerful stimulus, and more permanent in its effects, it is likely to be more useful than blisters; but why any part of the superior efficacy can be ascribed to its power of acting on the dead animal fibre, is a question, which we conceive would puzzle even the learned author himself to resolve. The following is the method of applying the caustic.

"The caustic I usually employed was the lunar caustic reduced to a powder, put on the surface of any adhesive plaister, spread on strong leather, of the size and shape of an elongated half-crown, more or less, according to the age of the child, and renewed every twelve hours, until it produces a sufficient eschar, destroying the skin of the part; a suppuration and separation of the eschar, is afterwards promoted by the usual surgical dressings. The rest of the head, after being shaved, I ordered to be covered with a flannel cap, moistened from time to time with brandy, or any proof spirit."—p. 75, 76.

The other curative means recommended, are purgatives of calomel and scammony, to overcome the obstinate costiveness, which our author ascribes "to the intestines partaking of the general insensibility;" a light nutritive diet, and cordials and tonics to support the strength. To the propriety of the use of purgatives, we can bear ample testimony; but we should be extremely cautious in advising the exhibition of cordials and tonics, until the very last stage of the disease; for we cannot bring ourselves to believe that the fatal termination often arises from simple debility. Leeches applied to the temples are admitted to be necessary to mitigate the head-ach: but it is curious to observe how the author twists the explanation of the benefit derived from them, to suit his peculiar hypothesis.

"The cause of the relief they afford is sufficiently explained

from what has been said of the swelling and distention of the external veins of the head."—p. 81.

It is thus obvious that the author's attention is directed altogether to the means of exciting absorption; and when the assistance of a practitioner is not demanded until effusion has really taken place, we believe the plan of treatment recommended by Dr. Smyth is as likely to produce that effect as any other with which we are acquainted; but in the earlier stage of the disease, the chief object should undoubtedly be the subduing morbid excitement, and removing every cause of irritation from the alimentary canal. Yet, even the absorbent plan, according to our author, may be productive of evil, by promoting too sudden a removal of the fluid:

"Whereas in the case of water," says he, "contained in the ventricles of the brain, if the quantity of fluid be considerable, and suddenly removed, the surrounding parts are incapable of adapting themselves to the change, or of filling up by their contraction the space occupied by the fluid; (the skull being an immoveable bone, and no part of the brain possessing either elasticity or the power of contraction.) It is evident then, that no case of hydrencephalus is curable, unless where the water is in so small a quantity, or so gradually absorbed, that the increased quantity of blood in the sinuses, and other parts of the sanguiferous system, within the skull; or the expansion of the blood contained in these vessels, are sufficient by their pressure to prevent the vacuum which otherwise would take place on the removal of the fluid."—p. 81.

By what diagnostic marks the precise quantity of water, that may be absorbed with impunity, can be ascertained, we are not informed. Alas! between Scylla and Carybdis, between the disease and the doctor, what chance has the wretched patient?

An Appendix is affixed, containing some remarks on the compressibility of the brain; a few cases and dissections, which in our opinion rather tend to invalidate the author's hypothesis; and some extracts from Morgagni and Haller.—In taking leave of the volume, we regret the necessity which has obliged us to review it: and the disappointment of the expectations we had formed on opening it; but, as we observed in prefacing our remarks, it is our duty as Reviewers to ascertain the merits and defects of the work alone, without regard to the character and reputation of its author: and to borrow his own expressions, "it is not the man, but his doctrines, we oppose."

III.

A Practical Treatise on Cataract. By John Stevenson, Member of the Royal College of Surgeons; Oculist, &c. &c. and Author of a Practical Treatise on the Morbid Sensibility of the Eye, commonly called Weakness of Sight. Second Edition, 8vo. pp. 224. Longman and Co. London, 1814.

The first edition of this work having been some time before the public, we cannot deem it necessary, on the present occasion, to do more than briefly notice the additional matter.

In the fourth section, the proximate cause of cataract, which is entirely recomposed, the author has adduced many arguments to prove that the firm lenticular cataract, and also one sort of the capsular disease, arise from inflammation, modified by the nature of the part affected. Two cases are related, to shew that cataract may sometimes be formed instantaneously, without the infliction of mechanical injury.

"A gentleman experienced the instant failure of his sight, whilst walking in Bond Street, during a very cold easterly wind in the month of February. The right eye was long before so exceedingly imperfect, by an opacity in the centre of the cornea, that he must have been conscious of the slightest defect in the other, had any previously existed. He described his left eye as suddenly struck with a piercing blast of wind from one of the cross streets, which produced an acute momentary pain, great defluxion of tears, and an instantaneous blindness."

Another similar case is related, in which the formation of cataract was instantaneous, while the eye was exposed to a very cold and boisterous wind. In both instances, the first sensible intimation of mischief, was a severe, but transient pain, accompanied with a copious suffusion of tears. We are ignorant of the modus operandi of any cause which could instantaneously produce entire opacity of the crystalline: and we perfectly agree with the author, in his observation, that it is extremely difficult to transfer the reasoning that applies to mechanical injury, or visible inflammation, as productive of firm lenticular and capsular cataract, to those numerous species of the disease, where neither mechanical injury nor visible inflammation exist as the evident proximate cause.

It was the intention of Mr. Stevenson to have annexed to his treatise coloured plates, illustrative of morbid states of the eye; but this intention he relinquished, because, as he argues,

"Both the artist and the practitioner must be aware of the difficulty, not to say the impossibility, of successfully illustrating, in

this way, the *diseases* of the eye. Every engraving, as it appeared well finished and interesting, or, to use the language of the artist, in proportion as it preserved the effect, I found to deviate from a just representation of the object.

"The parts of the eye are so intricate, the optical illusions so great, that professors, even in teaching the theory of vision, are obliged to use models of detached parts of the organ; and with the assistance of such demonstrations, and their own verbal explanations, find it impracticable to make themselves understood, without the closest application on the part of the student.

"The structure of the eye, in its natural state, should be perfectly familiar to every one, who wishes to study, with effect, its complicated disorders. With such a knowledge, any morbid condition, if accurately detailed, will be readily understood: without it, all description and delineation must be equally incomprehensible.

"The same disease, in different persons, and in the same individual, at different times, varies so much in its appearance, as to baffle every effort to

'Catch 'ere she change the Cynthia of this minute.'

"To convey a correct idea of the successive changes which occasionally occur, even in the same case, would require an indefinite number of plates; since a single representation could communicate only a conception of one specific feature of the complaint.

"Equally difficult must it be to trace the progress of an instrument by an art, which exhibits only the act of an instant."—Pref. vii—ix.

That this reasoning convinced Mr. Stevenson, is demonstrated, perhaps, by his acting upon it. We, however, do not feel the same conviction of the inutility of coloured plates, and would be much disposed to defend these elegant delineations of morbid alterations of structure. That exact ideas of visible objects may sometimes be conveyed by clearness of thought, and perfect perspicacity of style, we are far from denying; but still we think the pencil, especially when exhibiting the colours of nature, is an auxiliary not to be slighted. And this we urge particularly, because we see it often happen, that persons eminently skilful as operators, and thoroughly acquainted with the organization of the parts operated upon, write with a negligence or incapacity for literary composition, which renders them nearly unintelligible. In such instances the adjunct of coloured plates would, according to our conception, render perspicuous that which otherwise would remain doubtful, confused, or obscure.

To those who are not in possession of the first edition of Mr. Stevenson's Treatise, we can, with much satisfaction, recommend the one before us, as an ingenious and useful work,

PART IV.

SELECTIONS.

Judge Rumsey, author of the *Organon Salutis*.—Walter Rumsey, born at Lanover, in com. Monmouth, Esq. was of Oxford, and was a Bencher of the Society of Gray's Inn. He was a Welch Judge, an ingenious man, and most curious for grafting, inoculating, and planting. "He was much troubled with flegme, and being in one winter at the Court of Ludlow, (where he was one of the counsellours,) sitting by the fire spitting and spawling, he took a fine tender sprig, and tied a ragge at the end, and conceived he might put it down his throate, and fetch up the flegme, and he did so. Afterward he made this instrument *(organon salutis)* of whalebone; and for those that can use it, 'tis a most incomparable engine. If troubled with the wind, it eases you immediately, and makes you vomit without pain. He wrote a little 8vo work, of this way of medicine, called *Organon Salutis*: Lond. printed for Daniel Pakeman, at the Rainebowe, in Fleet-street, 1659, 2d edit." This instrument was used with great dexterity by some persons, who are said, in this relation, "to have touched the bottome of their stomachs with it." *Aubrey's MSS. in the Ashmolean Museum.*

Of the Nature of the Deposit from Vinegar.

It is well known that the vinegar, and the oxymel of squill, when kept for any considerable length of time, deposit copious precipitates. Vogel analysed these, and found them to consist of the citrate of lime and tannin. (*Annales de Chimie*, vol. lxxxiii. p. 155.) The medicinal efficacy of the preparations, is not diminished by the formation of these deposits. *nh.*

Prussic Acid found in the Bark of Prunus padus.

In the autumn of 1811, M. Bergeman, of Berlin, examined the bark of the bird cherry-tree *(prunus padus)*, and found that it contains a considerable quantity of Prussic acid. The water distilled from the bark had a strong odour of laurel water; and an essential oil was obtained which resembled that of the laurocerasus, and of bitter almonds. The distilled water produced a powerful effect on animals. Half an ounce of it was given to a dog of a middle size, who died in ten minutes; and an ounce and a half killed another dog, (we suppose larger and stronger) in half an hour.

The distilled water, the infusion, and the powder of the bark, have been successfully employed by Dr. Bremer, of Berlin, in gouty affections; and some other diseases. *Annales de Chimie*, vol. lxxxiii. p. 215. *nh.*

PART V.

MEDICAL AND PHYSICAL INTELLIGENCE.

ROYAL COLLEGE OF SURGEONS.

THE MUSEUM of the College will be opened for inspection on Tuesday the 17th of May instant, and will be open on Tuesdays and Thursdays during the months of May and June.—For particulars relating to admission, application may be made at the College, between the hours of twelve and two.

By order of the Board of Curators,
EDMUND BELFOUR, Secretary.

Lincoln's Inn Fields, May 2, 1814.

PROFESSOR BRANDE'S Thirteenth Lecture, which was to have been delivered at Apothecaries' Hall, on Tuesday, May 3d, was unavoidably postponed.

GENERAL MEETING *of* APOTHECARIES *of* ENGLAND *and* WALES, *held May 12th,* 1814.

Mr. BURROWS, in the Chair.

The Chairman thus opened the business of the meeting:

GENTLEMEN,

Your Committee have again convened you, conformably with their duty, to submit a Bill, purporting to be for the Improvement and better Regulation of the Practice of Apothecaries throughout England and Wales, for your consideration. The Committee mean, in the form of a Report, to lay before you an account of their proceedings, and of the circumstances which led to the formation of the Bill in question.

But previously to the production of that Report, it is incumbent on me, as the organ of the Committee, to offer some explanation, why no regulation for the practice of Surgery or Midwifery is now brought forward by the Committee with that for the practice of Apothecaries. Be assured, Gentlemen, that the Committee are as solicitous for some effective measure, which will embrace those branches, as they are for one to secure the regulation of the other. It will be seen by the correspondence and memorials which have been published, that they have neglected no means to induce the College of Surgeons to undertake such regulations, that none shall practise surgery throughout the kingdom without examination and their diploma; and as midwifery is unquestionably a part

of surgery, the Committee were not without hopes that that College would appoint a board of their members for examinations, and granting certificates to all intending to practise this art.

The meeting are not unapprised, that, through the friendly intervention of the Right Hon. George Rose, (to whom the Profession are greatly indebted for the interest he has taken in their concerns, and myself especially for his polite attentions,) a communication was made from the Committee to both Colleges. But I am sorry to add, that although a further correspondence has recently taken place between that gentleman and myself; yet I have been unable to obtain any information as to the future intention of the College of Surgeons; but I have good reasons for concluding that that Body is friendly to the Bill now proposed for the practice of Apothecaries. In a letter I received this morning from Mr. Rose on this subject, he says, he conceived that regulations for Surgery were intended to be included in the present Bill, but that he had no objection to its being made the subject of a separate Bill.

With this for the present we must remain content. But it does not follow, Gentlemen, whether the present Bill be approved or rejected, that these two important and indispensable regulations are abandoned by your Committee. On the contrary, it is their unanimous opinion, that these objects should not be lost sight of; though this perhaps is not a fit occasion to enter into any discussion or resolutions on the subject. The remainder of the fund that has been subscribed is available to carry into execution the wishes of the subscribers on these points, and the pledge which the Committee gave, that "they required no fourth body to be erected, if the powers of the present Chartered Bodies could be so extended as to accomplish the objects which the regulations of September the 4th embrace," is not binding towards that Body that treats the general wish of the majority of its own members with total neglect.

According to the custom that has been hitherto pursued, it will be requisite that I should, as one of your treasurers, render to this meeting an account of its funds. As neither the amount of monies received from the arrears of old, nor that from new subscriptions, is large, since the last audit was published, when the balance was £1221. 8*s*. 10*d*. it may be sufficient generally to state, that, notwithstanding these additions, and the interest upon the Exchequer bill of £1100, yet as expences from printing, advertisements, meetings, &c. have accrued, the total of the fund does not now much exceed £1300.

The Committee, taking into consideration, that this was advertised as a meeting of Apothecaries, without limitation, and that all of that profession are not subscribers to this fund, conceived it proper to pass a resolution, which I will take the liberty of reading in the form of a recommendation to the Gentlemen now assembled.

"That no person shall vote upon any question respecting a disposal of any part of the funds of this Association, unless he has subscribed at least one guinea towards such funds."

The propriety of this precaution, I am certain, will not be doubted, because, if any question arise affecting a property sacred to the subscribers, none other ought to vote on the disposition of it. Should any such motion be made, I must and do confide in the honour of those present, who have not subscribed, that they will refrain from raising their hands as voters.

The Chairman then made some observations on the order to be observed in the expected discussion, and concluded with hoping, that "the Report of the General Committee would be received, and now read;" which being approved, the Secretary read the

FOURTH REPORT *of the* GENERAL COMMITTEE *of* ASSOCIATED APOTHECARIES *of* ENGLAND *and* WALES.

The General Committee of Associated Apothecaries of England Wales, agreeably to the letter and spirit of the instructions of the General Meeting, held at this house, November 20th, 1812, have, from time to time, published their proceedings in the form of reports. The second of these, dated September 4th, 1813, takes a full review of the causes which led to the withdrawing of the former Bill; the principles which would guide the Committee in forming a new one; and the means best calculated to insure its success: to this is annexed a copious Appendix, containing the correspondence of the Committee with the Corporate Medical Bodies, and copies of the Memorials addressed to induce them to assist with their council, in arranging a new Bill. This Report concluded with the Resolutions of the 4th of September, 1813*.

As the matter of the Third Report, dated February 22d ult. containing the Report of the College of Physicians, is highly important, strictly relevant to the business of this day, and expedient to be fully remembered, the Committee beg to invite the particular attention of the meeting to its contents†. The Committee, during their deliberations and arduous exertions of eighteen months, have never for one moment swerved from the pursuit of the great object for which they conceived themselves appointed—the procuring of a legislative enactment, that would, by its gradual operation, secure for the service of the public, properly educated practitioners, and for their branch of the profession, that respectability and consideration to which its usefulness to society is so justly entitled. Actuated by this wish only, the Committee passed the Resolution of November the 19th, 1813; that "they determined *not* to apply for the formation of a fourth medical body, for the purpose of examinations, if the powers of the present chartered bodies can be

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* The Second Report and these Resolutions were inserted in all the Medical Journals of October last; they were also printed and published separately, and copies were sent to all the District Committees.

† See the *London Medical Repository*, No. III. p. 264.

so extended as to accomplish the objects which the Resolutions of the 4th of September, 1813, embrace."

Consequently, when the Report of the College of Physicians was received, they transmitted it to the Society of Apothecaries; at the same time inviting them to a conference; and a deputation, consisting of the Chairman, Mr. Field, Mr. Thomson, Mr. Upton, and Mr. Parkinson, were nominated for that purpose. On the part of the Deputation certain questions were asked; to some of which, as the Committee of the Society were not previously acquainted with their import, they declined giving definitive answers; and it was therefore agreed they should be subsequently reduced to writing, and sent to the Hall.—On the part of the Society it was stated, that they, in conformity with the Report of the College of Physicians, would bring in a Bill at their own expence; and that it should be drawn up on the basis of the Resolutions of the Committee of Associated Apothecaries, of September the 4th, *as far as regarded the practice of the Apothecary;* and that they could see no objection to all persons, applying for certificates to practise, being examined in the science and practice of medicine, pharmacy, chemistry, materia medica, and medical botany.

No formal answer was returned to the questions which were sent; but the Chairman received a private and satisfactory assurance, that the Society were rapidly proceeding to complete the draft of a Bill; a copy of which should be sent to him as soon as it was prepared.

When the Committee found that the subject was seriously undertaken by two of the medical bodies, whom they had importuned to unite in an application to Parliament, they suspended their proceedings for introducing a Bill, till they learnt the result of the labours of the Society; and that the measure might be rendered as efficient as possible, the party occupied with its details were furnished with all the information in possession of the Committee.

On the 21st of last month, the draft of the Bill being received from the Society of Apothecaries, it was maturely discussed in the Committee, and several material alterations and amendments were suggested; which the Committee feel it an act of justice to the College of Physicians and to the Society of Apothecaries to acknowledge, were immediately adopted, and are now embodied in the Bill.

As the representatives of the great body of general practitioners, and who, from a most extensive correspondence and communication, may presume that they are well informed, both with the nature of the evils that influence the prosperity of our profession, and with remedies that will probably correct them—as men who have long reflected on, and duly weighed all the difficulties of our situation, and the means most likely to obviate them, the Committee do agree and determine, that the Bill now offered to your consideration, though not containing every thing that might be desired, is, upon the whole, ONE, that will place the

Apothecary in his proper rank in society, and eventually produce advantages more commensurate with the value of his services.

Impressed with this conviction, the Committee beg leave to recommend "The BILL for enlarging the CHARTER of the SOCIETY of APOTHECARIES, &c. and for better regulating the PRACTICE of APOTHECARIES throughout ENGLAND and WALES," to the approbation of this meeting, and of the profession.

G. M. BURROWS, Chairman.

May 11*th*, 1814.

Mr. A. T. THOMSON said, he rose with a view to offer a motion, which had for its object to express the approbation of the meeting to the Bill recommended in the Report of the Committee. When he had the honour nearly two years ago of addressing a meeting of the profession in this house, it was to oppose resolutions, that went only to the consideration of lowering the price of glass, an object too trifling for the attention of such a meeting, when there were evils of much more importance, that required their most serious reflections, and proportionate energy to correct. He had then the satisfaction of finding, that his feeble exertions were not in vain; and impressed by his arguments, aided by the powerful support of his learned friend (Mr. Good), who he was happy to see in his place, the meeting adopted resolutions more worthy of its character. To the present Bill he was induced to give his full concurrence, because it gave to the members of the branch of the profession to which he belonged, a claim to be considered legal practitioners, who would henceforth have a right to visit and prescribe for the sick, and no longer be classed with the mere traders in drugs; because it guarded that branch of the profession from the intrusion of ignorant persons, by enforcing the necessity of education; and provided for the examination of candidates for practice by a Board of Examiners, which he did not doubt would be of competent ability.

It was true, the present Bill regarded the practice of the Apothecary only, and did not embrace the practice of Surgery, or of Midwifery, which must be considered a branch of Surgery. In this point of view it might be called a half measure. But he considered it a very important point gained; and although the General Practitioner had no positive assurance that the College of Surgeons would apply to Parliament for an extension of its powers to these objects; yet, the necessity of legislative interference was too glaring and notorious to suffer a doubt to exist of some effective measure being adopted to correct the abuses prevailing in these departments. One material objection which he had to the Bill when it first came before the public, was now completely done away, by an alteration being made, which was proposed by the Committee, and had been handsomely conceded by the Society of Apothecaries; as indeed many other points had been, which had appeared to the Committee objectionable, or requiring extension or alteration.

He alluded to the clause, which as it originally stood, in the present Bill, confined the formation of the Court of Examiners from among the members only of the Corporate Body of Apothecaries. It had afforded him a sincere gratification to find this clause had now a more liberal construction, and that any individual distinguished by his talents or acquirements, might fairly look to become a member of the Court of Examiners, an event which would ever be an object of ambition to the emulous, although not actually members of the Apothecaries' Company.

There was one clause to which he still had objections; it was that which imposed an apprenticeship as an indispensable qualification for examination. He did conceive it was possible, nay, very probable, that a person having received a good medical education in any University might acquire as competent a knowledge of pharmacy, as if he had served an apprenticeship to an Apothecary; and if he were willing to offer himself for examination, and to produce certificates of a complete medical education, such a man ought not to be refused examination merely because he had not an indenture of five years apprenticeship. But he would not object to the Bill in toto because it contained one blemish. He believed that there existed both in the College of Physicians, and in the Society of Apothecaries, a wish to conciliate, and to make this Bill as little exceptionable as possible to the general practitioner. When the Bill came into the Committee of the House of Commons, the objection he had urged, and various modifications which several of the other clauses might require, would, he entertained no doubt, be duly discussed, and he hoped liberally adopted.

Mr. T. said, he was one who had cordially supported the former Bill, that was withdrawn; and approved the formation of a fourth Body for the purpose of examinations. When he did so, however, it was under the ardency of hope, which saw no obstacles to oppose the attainment of the object contemplated, when this was universally acknowledged to be just and proper; and when those Public Bodies to which the Association applied for support, had refused it their countenance and patronage. Experience had taught him, that he had been too sanguine in his expectations; and he now gave his hearty assent to the present Bill, which completely abandoned such a plan. This change in his conduct arose from a firm conviction of the impracticability of any such scheme. The Committee had tried their fullest strength to get that Bill passed into a law; but they were opposed in all quarters—by the Medical Bodies—by the Legislature—by the Public. It would have been madness to persevere: they wisely withdrew the Bill. Every member of the Committee who had attended his duty, however prejudiced he may have been in favour of that part of the plan to which he had just referred, when he examined the reasons that had guided the conduct of the Committee to that decision, must have confessed its propriety. It was a great and important point gained, if legislative authority could be obtained at all for the better regu-

lation of the Profession; and, in his opinion, Gentlemen should not object to a Bill, because it did not provide by special clauses for every evil that might be mentioned. By attempting too much for particular parts, the whole might be endangered. It was impossible to enact provisions in a general Bill, which would embrace every individual evil; it was wise and politic to regard only the advantage to be derived to the whole branch of the Profession; to,

"Lose the paltry streams of private suffering
"In the full ocean of the general weal."

Although this Bill went no further than to regulate the practice of the Apothecary, which indeed was all that could be contemplated by the Society of Apothecaries, yet, feeling fully confident that it would be speedily followed by regulations equally judicious for the practice of Surgery and Midwifery, he gave it his decided support, and would now submit a motion to the Meeting, which he trusted would meet with an unanimous vote of approbation. He therefore moved,

"That this Meeting do agree with the Committee in approving the *basis* and *spirit* of the Bill now submitted to it; and which is about to be introduced to Parliament by the Society of Apothecaries, with the approbation of the College of Physicians, and to recommend to the Committee to watch its progress in Parliament; and to take such measures from time to time as they may think best adapted for promoting the interests of the Profession, and the benefit of the public."

The motion being seconded by Mr. Bliss of *Hampstead*,

Mr. Good rose to state his decided disapprobation of the Bill. His objections were not to a part, but to the whole of it. He characterized it as a measure that had been raked from the musty records in which it had mouldered for two hundred years, to disgrace the enlightened period of the nineteenth century.

He admired the talents of his friend, Mr. Thomson, whose eloquence discovered so much to say in favour of a Bill, that he (Mr. G.) was certain was not approved by the Committee, and would be rejected by that Meeting, and by the Profession. For himself he had taken every opportunity to express his dissatisfaction; and he sincerely lamented, that, as he had been so honourably elected on the Committee, by the free choice of his brethren, his other avocations had prevented his attendance at their meetings so frequently as he wished. He meant to say nothing disrespectful of the Committee. He knew it was composed of gentlemen of talents, and of the greatest honour and integrity, who had been most assiduous, and no doubt had acted as they thought was right. Yet he must repeat, this Bill was defective in every particular.

It certainly was, Mr. G. said, as his friend Mr. Thomson had described it, but a half measure; for it took no cognizance of any part of the science of the Profession. Did it provide for examination in Anatomy?—No. In Surgery?—No. In Midwifery?

—No. Yet these were very important points. What did it really provide further than an examination in Pharmacy? He would ask how would the public be benefited, or the profession of the Apothecary be improved, if no examination was to take place in the theory and practice of medicine, in therapeuticks, &c.? or in any thing that would convince the public that the Apothecary was better educated than formerly, and therefore more worthy of confidence?

Mr. G. then proceeded to adduce a variety of arguments to prove that the Profession would gain nothing by adopting this Bill; and, in a vein of severe sarcasm, entered upon a critical examination of the additional clauses.

To clause 4, page 28, he objected, because he did not conceive any body of men should possess the inquisitorial power of entering premises upon the pretence of searching for drugs unlawful, deceitful, &c: and *to burn the same before the doors of delinquents, &c.*

The Chairman here *spoke to order*, and expressed his regret at being obliged to interrupt any gentleman who was pursuing the course of fair argument upon the merits of the question. But as the learned gentleman was about to discuss the Bill clause by clause, and had just cited a passage that he (Mr. G.) knew was expunged, and was so from his own observations upon its impropriety in the Committee, a fewtevenings previously to this meeting; he felt it his duty, before they proceeded further, to notice two or three alterations that had been made at the suggestion of the Committee since the Bill was printed, and which had been adopted by the Society of Apothecaries. These amendments he intended to mention, when opportunity offered, and he thought he could not do it at a period more proper than the present, when the Bill was about to be so fully entered into.

He had therefore to point out in clause 4, page 28, that the words "*out of use*" and "*shall and may burn before the doors of the delinquents, and also*" are struck out. Conceiving that clause 5th was worded in such a manner as to have a doubtful construction, he had applied for explanation to the highest authority. He had the satisfaction to find, and to assure the Meeting, that it was meant to import only, that when a Physisian and an Apothecary were attending a patient, the latter should not *refuse* to make up the prescription of the former, merely because they differed in opinion upon the case; and that, if an Apothecary did dispense the prescription, it should be faithfully compounded. There was no intention to compel Apothecaries to make up all, or any prescriptions, if contrary to their inclination. The Committee proposed to introduce "*as to such physician*" after the word "contumaciously." This was immediately adopted, with an assurance, that if this clause was still objectionable, it should be still further modified, so that it would meet the object before explained. He had the most confident reliance on the assurance thus given; and that this clause would be rendered, if possible, unexceptionable.

In clause 11, page 32, after "*persons*," the words "properly qualified" are likewise inserted.

Mr. Good now continued, that nothing could reconcile him to the 4th clause; but having expressed his objections to it, he should proceed to the consideration of the next.

This was an entirely new clause, to the import of which he could not sufficiently express his astonishment, nor could he conceive for what purpose it was introduced. Was a respectable practitioner to be denied the option of making up a prescription? and, if he refused, was he to be dragged before a magistrate, and be subjected to pains, penalties, and dungeons? He considered such attempts as attacks upon the liberties of the subject, and unworthy the freedom of Englishmen. The Physician had carefully attended to his own interest by inserting a provident remuneration for his additional trouble in carrying into effect any part of this Bill, while no adequate advantage was gained by the Apothecary.

Mr. G. supported his objections to the Bill in a wide range of arguments, and in a strain of severe sarcasm and irony, tending to ridicule its different provisions. He particularly insisted that it was a measure made up of restrictions, penalties, and imprisonments, founded in tyranny and oppression; and concluded an elaborate speech, marked with all the accustomed force of that gentleman's eloquence, with declaring that a full conviction was on his mind, that the Bill would be by that Meeting rejected.

Mr. Want highly approved of the arguments and objections urged by the gentleman who last spoke; but more particularly on account of the introduction of the fifth, or new clause. The case upon which this was principally founded, he should proceed to detail, because it chiefly applied to himself, and a recent circumstance had given rise to it.

The Chairman *again spoke to order*. He was sorry to interrupt the gentleman speaking; but as he appeared about to introduce a subject entirely personal, his regard to the business of the Meeting, and to the time of those present, which to medical men was always invaluable, would not admit the debate to be so conducted. He had not the pleasure of knowing the gentleman now addressing them, or the subject to which he was leading; he therefore could not be suspected of any motive in interrupting his course, than to confine the discussion to its immediate object.

Mr. Want conceived that he was in order; but if he were not permitted to state what personally concerned himself, yet he would suppose a case; which was, that an Apothecary sought the advice of a Physician on a disease upon which the former had been long attending. The Physician came just rising from his dinner, and perhaps flushed with wine, saw the patient without the attending Apothecary, and prescribed what the latter conceived would be injurious to the patient: was the Apothecary in this instance to be bound to make up such Physician's prescription? Suppose a

prescription was brought to an Apothecary ordering an ounce of laudanum or of arsenic, was the Apothecary to be compelled to send what he knew would destroy life?

The CHAIRMAN here remarked, that the clause itself contained a provision against such a circumstance, because the Apothecary had a "satisfactory excuse" to offer.

A Gentleman present requested the Chairman's interpretation of this clause more fully, and his opinion upon it.

The CHAIRMAN alluded to what he had before said in explanation of this clause; but he had no objection to add to that his private opinion, and how he would act in a similar predicament. He thought none would dispute, that every Apothecary was bound, in honour, if not in law, faithfully to compound a Physician's prescription. There were certainly times when an error had been evidently committed in prescribing by the Physician; for instance, in quantities, &c.; and then the Apothecary would be fully justified by compounding rather by his own judgment than by the letter of the prescription. Even if he differed with the attending Physician on the fitness of the prescription for the disease, he did not conceive, on that ground, he ought to refuse its being compounded at his shop. But in such case the Apothecary had the undoubted right to decline taking any charge of the patient, or sharing the responsibility of the consequences.

Mr. SYER wished to inquire of the Chairman, what were the opinions of the country practitioners on the Bill? He, for one, was an advocate for the last Bill, because it held out a mode of obtaining professional emolument in a more honourable way than the present. The former likewise tended to lessen those distinctions which existed among the different classes of the medical profession, while the present went to perpetuate them. He thought it would be wiser that all such distinctions should be done away. The Bill was likewise defective, inasmuch as it did not protect the public against the designs of empiricks and intruders. Nothing could accomplish this, but its operation being retrospective. For these reasons he could not view the present Bill as likely to effect any great good.

The CHAIRMAN, being called upon for information by the last speaker, was happy in every opportunity of gratifying that desire when addressed to him by any gentleman. There was no man had a higher respect for the country practitioners than himself. Having received his education in the country, he had the best opportunities of being well acquainted with the character of these useful members of the Profession, with the services they rendered to society, and with the just reasons they had for complaining of their situation from existing abuses. He had on the present, as on every other occasion, given the most extensive notice of the General Meeting. The draft of the Bill had been published on the 1st of the month; an amended copy of it had been sent to all the District Committees, and a circular letter, announcing the meeting, had

been sent to all the subscribers, and one or more to every town of England and Wales, where the name of a practitioner was known. The time was too short to have expected many observations upon its provisions. He had however received three letters expressive of approbation; none objecting to it. But he would add, that the principle had been recognized, and even recommended in some of the country districts, even before the last Bill was withdrawn. It might suffice, perhaps, were he to quote the opinion of one person, when it was understood that that individual had reflected more lustre, by his abilities and his works, on the character of the general practitioner, probably than any other in the kingdom. He meant Mr. Hey, of Leeds, who stood at the head of the largest district association, and which had also raised and remitted a proportionate subscription. Mr. Hey had distinctly pointed out to him and to Mr. Bowes, of Richmond, chairman to a district for another part of Yorkshire, and part of Durham, that any regulations for the practice of the Surgeon, or of the Apothecary, should emanate from the College of Surgeons and the Society of Apothecaries; and that these Bodies should have an extension of their powers, so as to embrace the whole kingdom.

The question being called for, Mr. Chapman said, that he wished the Bill should be discussed clause by clause; and at length moved as an amendment, "That the Bill be now read," which was seconded.

Mr. Upton hoped that the gentleman making the motion was aware, that to discuss the Bill in that manner would occupy the attention of the meeting till midnight. Gentlemen would still have opportunity of urging their objections to any particular part of it, as Mr. Good and others had already done; he trusted therefore they would now deliver their sentiments rather than adopt the motion, which would be productive of nothing but delay.

The amendment was put, and negatived.

Mr. Good felt so desirous that farther time should be allowed, to give the Bill the best consideration, that he would propose another amendment: "That this meeting, at its rising, do adjourn for this day fortnight, May 26th inst."

Mr. Chapman seconded the amendment, as it would allow time to receive the opinions of those of the Profession on the Bill who were absent; for there had not been sufficient notice given before the meeting was held.

Mr. Shillito adverted to the alacrity and zeal with which the Medical Practitioners in various parts of the kingdom had attended to the call of the London Committee, in November 1812; and observed that the present meeting were acting under much responsibility; as, in accepting or rejecting the Bill now proposed to them, they were not only deciding upon a measure which affected themselves, but upon one in which every practitioner throughout England and Wales was equally interested. Although all the objects first contemplated and sought for would not be gained by this Bill,

yet a very material part would be accomplished. If he knew any thing of the wishes of his country friends, they would be satisfied that that part of the resolutions of 1812, which recommended measures to put a stop to the succession of those irregular, totally uneducated, and unprincipled intruders, with which the kingdom in many parts abounded, was embraced in this Bill: thereby making the Surgeon-Apothecary as generally respected as he merited. This surely was the object of their first solicitude.

There were two circumstances influencing his opinion, which made him desirous that any decision whatever should be for the present postponed. In the first place he did not think that there had been sufficient time since the Bill in question was made public, for the practitioners in the different districts to meet, and give their opinion of its provisions. Secondly, he thought that by some little delay, the clauses now objected to might be explained and modified, so as to be mutually, and more generally satisfactory. In respect to the new clause inserted by the Royal College of Physicians, he certainly thought that an Apothecary might be so situated that it would be highly expedient for him to possess the option of declining to make up a prescription, legally signed with the initials of a Physician, according to the letter of the Act; but, perhaps, sent to him under some peculiar circumstances. At the same time, in every case, where an Apothecary did undertake it, considering that all the responsibility rested with the prescribing Physician, he could see no objection, to his being bound under pains and penalties to do it faithfully.

The Chairman begged gentlemen to consider whether the advanced period of the Session of Parliament would admit of adjournment, if they wished the Bill to pass this season. It should be remembered, that even if the Bill were now agreed to, and introduced into the House of Commons, there would be ample time for the country practitioners to deliberate and decide, between the first and second reading of the Bill. When the former Bill was arranged, an abstract was published and circulated for the opinion of the Profession. The Bill was read for the first time; and the second reading, when it was to be voted into a Committee of the House, was deferred for six weeks. During this period the District Committees met, and voted their resolutions, and transmitted them or their instructions to the London Committee. The same course would be open to all, on the present occasion; for he was quite certain that the progress of the bill would not be precipitated.

Nothing, the Chairman said, he was sure would give the London Committee more concern, than that a suspicion should arise that they were sanctioning any measure contrary to the inclinations of the Profession at large. He was ready, if agreeable, to inform the meeting of the means used to obtain the opinions or instructions of the District Committees for the formation of a new Bill, and for insuring a full attendance on the present meeting. *(Hear! hear!)*

When it was resolved, at the last general meeting held at this house, April 15th, 1813, "that the Bill should be referred back to

the Committee for such alterations and improvements as may meet the wishes of all parties concerned, previously to its being again introduced in the next Session of Parliament;" it was also resolved, "that the above resolution should be advertized; and that communications on the subject be solicited to be sent before September." These resolutions were advertised in all the Medical Journals, and in the London and most of the provincial newspapers. Not more than two communications were received before the stated time elapsed; and although through various channels the medical public have been apprized, from time to time, of passing circumstances connected with the arrangement of a new Bill, yet no instructions from Collective Bodies have been transmitted.

For this meeting, likewise, the public have been prepared for months past: and it was advertised on the 1st of the month, in the Medical Journals, in fourteen newspapers, and in some of them repeated. He had already mentioned that circular notices had been addressed to all committees, to individual subscribers, and to almost every town in the kingdom.

The question of adjournment being negatived:

Mr. Thomson observed, that, as the original motion which he had the honour of proposing must now be put to the vote, he claimed the privilege of replying to the several remarks that had been made.

They had been favoured with an eloquent speech from his learned friend, Mr. Good, to whose ingenuity he was disposed to do ample justice: but he was a good counsel advocating a bad cause; and if he were not convinced of the benefits that would result from the operation of the Bill, the pains his ingenious friend had taken to mislead would have fixed his determination.

He would oppose Mr. G.'s first positions, because they were advanced upon mere assumptions—assumptions too that he would prove were totally erroneous. He had assumed that this Bill was not the Bill of the Committee, but that it had been forced upon them. If his learned friend's avocations had permitted his attendance at the meetings of that Committee, and he sincerely lamented that they had not had that advantage, he would have learnt that the Bill met the decided approbation of that Committee, in whose presence he was now speaking. His friend had assumed that it would be rejected by that meeting—a thing which was impossible, unless the persons he had now the honour of addressing were led astray by the high-coloured picture of its evils, which Mr. G. had drawn; or by the phantoms of pains and penalties, of dangers and dungeons, of tyranny and oppression, which had issued from the capacious imagination of his friend, to horrify the weak and hesitating. He had assumed, also, that it would be rejected by the Profession:—to this he could only say, that no expression to warrant that conclusion had reached the Committee; and from those with whom he had conversed out of that room, he had heard nothing but satisfaction.

Mr. G. had caught at his expression of the present Bill being a half-measure. His meaning was obvious, although it had been misapplied as an argument against him. The Bill before us cer-

tainly went no further than to regulate the practice of the Apothecary. But was that a reason why the measure in its principles or provisions was bad? He contended, that as far as it went, it contained much good. Would any man, because he can't obtain the whole of what he desires, refuse a part? Experience points out, that accepting what is offered, if that be good and acceptable, is wisdom; and having secured that, does it follow that we are to be precluded from using our exertions to obtain also the remainder?

The fact is, the Society of Apothecaries have not the power to interfere with Surgery or Midwifery. We must look to another quarter for a separate and distinct act for those branches of the Profession; and as the College of Physicians fully admits the necessity of regulation, which is also acknowledged by the most enlightened legislators, there is no reason to apprehend that the College of Surgeons will be inactive, when they see their interests must be benefitted by their compliance with the general wish.

It was asked, how would the Public be benefitted, or the Profession of the Apothecary be improved? or was any adequate examination of qualifications to take place? The public would certainly have a full security in those who practised under the certificate hereafter to be granted: for none in future could pretend to prescribe for the sick that were not competent to the duty.

Surely none would assert that a Board of Examiners, composed of Physicians and Apothecaries, were not competent to ascertain the qualifications of the candidates. If the passage, introduced in the 14th clause, at the suggestion of the Committee, which directs that such persons are to be examined in the *Science and Practice of Medicine*, was not sufficiently precise and comprehensive, the Report which had been just read, declared, that the course of examination was to include *the Science and Practice of Medicine, Chemistry, Pharmacy, Materia Medica, and Medical Botany.* Besides, before examination, proofs were to be exhibited, that the candidate had attended the practice of a London Hospital at least six months, or that of a Provincial Hospital twelve months; and such other testimonials as may be required of medical education and of a good moral character. And yet, knowing all this, his learned friend had said there was no provision for fit education and examination! Would an Apothecary so educated and so examined be worthy of public confidence?

The next objection urged, was to the examination of Shops. Such a law, it was argued, was better calculated for the darker age when it was made. Did Mr. G. mean to say that these were times when no bad, stale, and unmedicinable drugs and sophisticated articles, were sold? No, he could not so argue, because he knew the reverse was the fact: and it displayed, at least, an increased honesty, to endeavour to guard the public from the effects of these evils; to prove that the Apothecary required drugs, not merely to procure money, but to be able to cure his patients. London was the great storehouse whence the country was supplied; and if the source was impure, could the streams that emanated from it be uncontaminated? Authority ought to exist somewhere, to search

and examine all depôts, and condemn bad drugs wherever found deposited. It was the only true security the public, and our brave sailors and soldiers, had, that, in time of need, they were not poisoned, rather than supplied with wholesome medicines. This power had been exercised time immemorial by the Society of Apothecaries to a limited extent, and he had never heard of any abuse of that power. The law, in the fullness of its interpretation, considered every man a rogue; and he thought none could object to so politic and equitable a regulation, but those who were afraid to stand its test. A few examples of the unfair practices now so shamefully common in one quarter, would be of inestimable advantage; and fully establish public confidence in the shop of the Apothecary.

After the explanation they had heard from the Chairman, and the wish that existed that the fifth clause should receive such amendment, as to enact no more than had been stated as the desire of the College, Mr. T. thought every objection was done away.

The Physician had a right for security as well as the Apothecary. Did not the reputation of the former depend on the latter? If the Apothecary did not faithfully and honestly compound the Physician's prescription, of what avail was his education, or his skill? When a Physician was consulted, the onus no longer rested with the Apothecary. Was the person then who had charge of the disease,—upon whom lay the anxiety attending his duty,—upon whom rested all the responsibility,—whose reputation and consequent success in life depended on the accuracy and sometimes upon the promptitude with which his prescription was made up; was he to be thwarted in his practice, and perhaps defrauded of his fair fame, from the perverseness or opposition of another, who had ceased to have the responsibility of the event?. No honourable Apothecary would contend that such things ought to be.

As to a Physician's ordering an ounce of laudanum or of arsenic, such instances, he contended, could never be, and were hyperbolical cases, and therefore unworthy of notice. If inadvertencies occurred, and they all knew they did occur in prescriptions, to point them out was surely at all times a sufficient and satisfactory excuse for not following the formula.

One gentleman had observed, that he disapproved the present Bill, because it did not, like the last, provide a more honourable mode of remuneration; and that it tended to divide rather than amalgamate the different branches of the Profession.

No one would be more gratified than himself to see the Apothecary rewarded in a manner more compatible with his services, and the feelings of an honourable mind: but remuneration was not a subject for legislative interference, or regulation. If the Bill were carefully read, it would be found this had not altogether been lost sight of. It was a point of extreme delicacy, on which different sentiments would ever prevail. When the regular bred Apothecary could be distinguished from the herd of pretenders, who now assume his name and character, and debase both by their ignorance and their unworthiness, his merits being properly appreciated, his emoluments would be correspondent.

As to uniting the Profession into one, and blending all distinction of ranks, it was an idea so visionary, that he could not conceive it to be meant. He thought the perfection of the science of medicine would be best attained by preserving the present division, provided each was regulated and protected by wise and wholesome laws. The improvements to be expected from the operation of this Bill were certainly prospective; to attempt to make them retrospective were worse than madness—it would be cruel.

He would now detain the Meeting but little longer, and it was only to reply generally to the terrific description of pains, penalties, dungeons, racks and tortures, tyranny and oppression, in which the fertile invention of his learned friend's genius had indulged, and conjured up, to fill the mind with alarm and apprehension. Pains and penalties there certainly were in the present Bill; but he would ask his friend, Mr. G. whether, although he were against the present Bill, yet was he not a strenuous advocate for a legislative enactment? He (Mr. T.) would be glad to be informed who ever saw an Act of the Legislature without provisions for enforcing obedience to its operation? It was easy enough to pass a law, but who would obey it if there were not annexed clauses to make the breach of it an offence? In these the different gradations were preserved, and the punishment was proportioned to the frequency of the offence, in the true spirit of British jurisprudence. The judicial power could not be lodged with the Court of Assistants or of Examiners of the Company of Apothecaries: it would be constituting them at once judge and party. Besides, offenders could not be summoned from the confines of the kingdom, before a tribunal in the metropolis. He would not pretend that a Magistrate was a competent judge, nor was he prepared to suggest a better; but convictions could never take place but upon credible evidence; and there was no more reason to fear that justice would be denied in this case than in the ordinary course of its administration. He was defending the principle of the clause, more than the provisions for carrying it into execution; because he was confident it would be modified and altered, so that its meaning might be clear, and the honest be protected from litigious and vexatious proceedings.

Something had also been said of the appropriation of fines or penalties. To him it was a minor object, which must be left to the ordinary course of things. All blanks in clauses relating to such points were filled up in the Committee of the House of Commons; and he entertained no doubt that there they would be settled with a due degree of equity*.

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* The Act which passed in 1792, for regulating the Profession of the Apothecary in Ireland, has been rendered, out of Dublin, a perfect nullity, (See Medical Repository, No. 5, p. 433) because no fund exists for the prosecution of Delinquents. This should be provided for in the present Bill. —Editors.

This Meeting and the Profession should recollect, that the General Committee had not yet surrendered the charge committed to their vigilance: that they were still at their posts, the centinels of the rights of their brethren; and that they would watch the Bill step by step, and act as strictly as possible in conformity with the instructions they still expected to receive from their constituents. He left the question now to the decision of the Meeting.

The original motion was then put, and carried by a large majority.

It was proposed likewise, and unanimously voted, "That the best thanks of this Meeting be given to the Right Hon. George Rose, for his great attention to the interests of the General Practitioner in Medicine; and that he be requested to continue his valuable services in Parliament for the passing of legislative measures tending to the improvement of the different branches of the Medical Profession, and to the welfare of the public."

Thanks were also moved to the Chairman, for his attention to the business of the Meeting, and for his impartial conduct in the chair; which passed unanimously.

The Chairman briefly acknowledged the high sense he always entertained of the approbation of his Professional Brethren.

THE BILL

For Enlarging the Charter *of the* Society of Apothecaries *in the* City *of* London, *granted by His Majesty* King James the First, *and for better* Regulating *the* Practice of Apothecaries *throughout* England *and* Wales —

Having undergone several alterations and additions, since it appeared in the last Number of the Medical Repository, or since the Bill that was published by order of the Committee, May 4th, and which received the approbation of the General Meeting on the 12th ult. we insert, for the information of the Medical Public, every clause that is new, or has been altered or amended in the present Bill now about to be introduced into Parliament.

After reciting the two clauses to be repealed (See *Repository*, No. 5. pp. 387 and 388.)

And be it further enacted, That in lieu and stead thereof, the said Master, Wardens, and Society of Apothecaries for the time being, and their successors, or any of the Assistants, or any other person or persons properly qualified to be, by the Master and Wardens, nominated and assigned, shall and may from time to time, and at all seasonable and convenient times, in the day time, as often as to the said Master and Wardens it shall seem expedient, go and enter into any shop or shops of any person or persons whatever using or exercising the Art or Mystery of an Apothecary, or any part thereof, in any part of England or Wales, where any medicines, simple or compound, wares, drugs, or any other things whatsoever, which belong or appertain to the Art or Mys-

tery of Apothecaries as is aforesaid, shall be probable and likely to be found; and shall and may search, survey, prove, and determine, if the same medicines, simple or compound, wares, drugs, or any thing or things whatsoever belonging to the Art or Mystery of Apothecaries aforesaid, be wholesome, medicinable, meet, and fit for the cure, health, and ease of His Majesty's subjects; and all and every such medicines, wares, drugs, and all other things belonging to the aforesaid Art, which they shall find unlawful, deceitful, stale, unwholesome, corrupt, unmedicinable, pernicious or hurtful, shall and may destroy, and also shall and may report to the Master, Wardens, and Assistants of the said Society, the name or names of such person or persons as shall be found to have the same in their possession; and the said Master, Wardens, and Assistants, shall and may impose and levy the following fines and penalties upon each and every person whose name shall be so reported to them, as hereinafter mentioned: For the first offence, the sum of for the second offence, the sum of and for the third and every other offence the sum of

And whereas it is the duty of every person using or exercising the Art and Mystery of an Apothecary, or any part thereof, to prepare with exactness, and to dispense such medicines as may be directed for the sick by any Physician lawfully licensed to practise physic; therefore, for the further protection, security, and benefit of His Majesty's subjects, and for the better regulation of the practice of physic in these realms, Be it enacted, and it is hereby enacted, That if any person using or exercising the Art and Mystery of an Apothecary, or any part thereof, shall at any time knowingly, wilfully, and contumaciously refuse to make, mix, compound, prepare, give, apply, or administer, or any way to sell, set on sale, put forth, or put to sale to any person or persons whatever, any medicines, compound medicines, or medicinable compositions, or shall deliberately or negligently, falsely, unfaithfully, fraudulently, or unduly make, mix, compound, prepare, give, apply, or administer, or any way set on sale, put forth, or put to sale, to any person or persons whatever, any medicines, compound medicines, or medicinable compositions, as directed by any prescription, order, or receipt, signed with the initials in his own hand-writing of any Physician lawfully licensed to practise physic, such person or persons so offending shall, upon conviction of such offence before any of His Majesty's Justices of the Peace, unless such offender can plead some satisfactory reason, excuse, or justification in his behalf, forfeit for the first offence the sum of for the second offence and for the third offence he shall forfeit his licence, and be rendered incapable in future of using or exercising the Art and Mystery of an Apothecary, or any part thereof, and be liable to the penalty inflicted by this Act upon all who practise as such without a certificate, in the same manner as if such party so convicted had never been furnished with a certificate enabling him to practise as an Apothecary; and, so deprived of his licence, shall be rendered and deemed incapable in future of receiving and holding any fresh licence, unless the said party so applying for a renewal of his licence, shall faith-

fully promise and undertake, and give good and sufficient security, that he will not in future be guilty of the like offence.

And be it further enacted, That every of them the said Master and Wardens for the time being, may, and they are hereby respectively empowered, by writing under his or their hands, to appoint any one or more of the said Court of Assistants to act as Deputy Master, or as Deputy Wardens, as the case may be, in all matters and things done, or authorized to be done, by the said Master, or the said Wardens, under and by virtue of the said recited Charter, or of this Act, and to remove such Deputy Master, or Deputy Wardens, so to be appointed from time to time, as the said Master, or the said Wardens, shall respectively think proper; and all acts, matters, and things which shall be lawfully done by the said Deputy Master or Deputy Wardens so to be appointed as aforesaid, as the case may be, shall be as good, valid, and effectual, as if the same were done and performed by the said Master and Wardens respectively.

[Master, Wardens, &c. empowered to purchase lands, &c.—See *Repository*, p. 389.]

[The Master, Wardens, and Society of Apothecaries, incorporated by Charter of King James the First, appointed to carry this Act into execution.—See *Repository*, p. 390.]

[No acts of Master, Wardens, &c. valid, unless done at a Meeting, &c.—*Ibid.*]

And be it further enacted, That for the purposes of this Act, so far as the same regards the examination of Apothecaries, and Assistants to Apothecaries, there shall be persons properly qualified, to be chosen and appointed by the said Master, Wardens, and Assistants for the time being, (who are hereby authorized and empowered to choose and appoint such persons, and to remove or displace them from time to time, as they the said Master, Wardens, and Assistants for the time being, shall deem adviseable); and such persons, when so chosen and appointed, or any of them, shall be, and be called the Court of Examiners of the Society of Apothecaries; and such Court of Examiners, or the major part of them present at any meeting, shall have full power and authority, and are hereby authorized and empowered to examine all Apothecaries, and Assistants to Apothecaries, throughout England and Wales, and to grant or refuse such certificate, as hereinafter is mentioned.

And be it further enacted, That no person shall be capable of acting as an Examiner, under and by virtue of this Act, until he shall have taken and subscribed the following oath:

"I *A. B.* do solemnly promise and swear (or, being one of "the people called Quakers, do solemnly affirm), that I will faith- "fully, impartially, and honestly, according to the best of my "skill and knowledge, execute the trust reposed in me by the "Master, Wardens, and Society of the Art and Mystery of Apo- "thecaries of the City of *London*, as an Examiner, in the exami- "nation of every person who shall come before me to be examined, "as to his fitness or qualification to act as an Apothecary, or As-

"sistant to an Apothecary, as the case may be, and that without "favour, affection, prejudice, or malice. So help me God." which oath, or affirmation, the said Master, Wardens, or Court of Assistants, or the major part of them, are hereby authorized and required to administer.

[Persons appointed Examiners, to continue in office for one year. See *Repository*, p. 391.]

And be it further enacted, That in case any person or persons so to be chosen or appointed shall happen to die during the time he or they shall continue to be an Examiner or Examiners, or be removed or displaced as aforesaid, then it shall and may be lawful for the said Master, Wardens, and Assistants, to choose and appoint any other person or persons properly qualified, to be an Examiner or Examiners as aforesaid, in the room of the person or persons so dying, or removed, or displaced as aforesaid; and every person or persons so chosen and appointed, shall continue in office for such time and no longer, as the person or persons in whose room or stead he or they shall be so chosen and appointed, would have continued in office.

And be it further enacted, That it shall and may be lawful to and for the said Master, Wardens, and Assistants for the time being, and they are hereby required to call upon the President and four Censors or Governors of the College and Community of Physicians of London, or other Physicians or other Physician by the President aforesaid to be named for that purpose, to assist and be present at every or any examination of any persons or person applying to be examined as aforesaid, for the purpose of ascertaining the skill and abilities of such person or persons in the science and practice of medicine; and such President, Censors, or other Physicians or Physician so to be nominated (if any), shall and may be, by the said Master, Wardens, and Assistants, added to, and made part of the said Court of Examiners for the time being, but so as no act to be done by the said Court of Examiners shall be void, or rendered illegal and ineffectual, for the want of attendance of the said President, Censors, or other Physicians or Physician, as aforesaid.

And, to prevent any person or persons from practising as an Apothecary, without being properly qualified to practise as such, Be it further enacted, That from and after the day of in the year it shall not be lawful for any person or persons (except persons already in practice as such), to practise as an Apothecary in any part of England or Wales, unless he or they shall have been examined by the said Court of Examiners, or the major part of them, and have received a certificate of his or their being duly qualified to practise as such from the said Court of Examiners, or the major part of them, as aforesaid; who are hereby authorised and required to examine all person and persons applying to them for that purpose, as to his or their fitness and qualification to practise as an Apothecary; and the said Court of Examiners, or the major part of them, are hereby empowered either to reject such person or persons, or to grant a certificate of such examination, and of his or their qualification to practise as an Apothecary, as afore-

said: Provided always, That no person shall be admitted to such examination until he shall have attained the full age of twenty-one years.

Provided always, and be it enacted, That no person (except such as shall be actually bound by proper indentures, or shall have commenced a course of medical studies at the time of passing this Act) shall be admitted to any such examination for a certificate to practise as an Apothecary, unless he shall have served an apprenticeship of not less than years to an Apothecary, and unless he shall have attended the medical practice in one or more hospitals in London during six months, or the like practice in a provincial hospital during twelve months, and shall produce other testimonials to the satisfaction of the said Court of Examiners, of a sufficient medical and classical education, and of a good moral conduct.

[Persons intending to qualify, to give notice to the Clerk of the said Master and Wardens, &c.—See *Repository*, p. 393.]

And be it further enacted, That from and after the day of in the year it shall not be lawful for any person or persons (except the persons then acting as Assistants to any Apothecaries as aforesaid, and excepting persons who have actually served an apprenticeship of five years) to act as an Assistant to any Apothecary to compound or dispense medicine, without undergoing an examination by the said Court of Examiners, or the major part of them, and obtaining a certificate of his or their qualification to act as such Assistant from the said Court of Examiners, or the major part of them, who are hereby authorized and empowered to examine all persons applying to them for that purpose, and to grant a certificate of such fitness and qualification.

Provided always, and be it further enacted, That every assistant applying for examination as aforesaid, to the said Master, Wardens, and Society of Apothecaries, shall in like manner as is directed with regard to persons applying for examination as Apothecaries, give notice to the Clerk to the Master, Wardens, and Society of Apothecaries as aforesaid, of his intention so to do; and shall, at the meeting at which such examination takes place, produce and shew to the said Court of Examiners, such testimonials as hereinbefore mentioned, and such other testimonials as the said Court of Examiners, or the major part of them, as aforesaid, shall require, who are hereby authorized and empowered to refuse to examine, and reject every person applying to qualify as an Assistant to any Apothecary, to compound and dispense medicines, who shall be unable to produce such testimonials as the said Court of Examiners, or the major part of them, shall require.

[Sums to be paid for certificates.—See *Repository*, p. 393.]

And be it further enacted, That if any person (except such as are then actually practising as such) shall, after the said day of act or practise as an Apothecary in any part of England or Wales, without having obtained such certificate as aforesaid, every person so offending shall for every such offence, forfeit and pay the sum of and if any person (except such as are then acting as such, and excepting persons who have actually served an apprenticeship as aforesaid) shall, after the passing

of this Act, act as an assistant to any Apothecary, to compound and dispense medicines, without having obtained such certificate as aforesaid, every person so offending shall for every such offence forfeit and pay the sum of

[Apothecary not allowed to recover charges, unless licensed.—See *Repository*, p. 394.]

Provided always, and be it further enacted, That if the said Court of Examiners, or the major part of them, examining any person or persons applying to qualify himself or themselves to practise as an Apothecary, or as an Assistant to an Apothecary, to compound and dispense medicines, shall see cause to refuse such certificate as aforesaid to any such person or persons so applying to qualify himself or themselves as an Apothecary, or Assistant, as aforesaid; yet it shall and may be lawful for such person or persons who shall be so refused, to apply at any future time to be again examined, so that such second application by any person or persons applying to qualify himself or themselves as an Apothecary, be not within   months of such first examination; and so that such second application by any person or persons applying to qualify himself or themselves as an Assistant, be not within   months of such first examination; and if on such re-examination he or they shall appear to the persons examining, to be then properly qualified, it shall and may be lawful for the said Court of Examiners, to grant such person or persons so applying such certificate as aforesaid.

And be it further enacted, That all and every sum or sums of money which shall be received or arise from the granting of the certificates of examination hereinbefore required, shall belong to, and be appropriated and disposed of by the said Master, Wardens, and Society of Apothecaries as aforesaid, in such manner as they shall from time to time direct and deem most expedient. Provided nevertheless, that a reasonable and equivalent fee for his trouble be first paid to the Physician or Physicians attending in pursuance of such requisition as aforesaid, for every such certificate.

[Application of monies arising from penalties.—See *Repository*, p. 395.]

[Recovery of fines and penalties.—*Ibid.*]

[Distress not unlawful for want of form.—*Ibid.*]

[Saving rights.—See *Repository*, 396.]

[Public act.—*Ibid.*]

Committee Room, Crown and Anchor Tavern, May 26, 1814.

The General Committee of Associated Apothecaries, &c. having received the Bill arranged by the Society of Apothecaries, did generally approve the same; but objected to the provisions for enforcing the operation of the clause, introduced by the Royal College of Physicians, which makes it penal for any Apothecary to *refuse* to compound or unfaithfully prepare any prescription of a *Physician lawfully licensed to practise physic;* and also to other parts of the Bill of lesser importance;

Resolved, That this Committee having taken into considera-

tion the evil consequences that must attach to the whole body of Apothecaries, if the clause above alluded to were enacted as it now stands; and this Committee having transmitted to the Society of Apothecaries certain suggestions, tending to remove its objectionable parts, yet still preserving the object they conceived the College had in view, with a request that the same might be laid before the College; and this Committee having now received the Bill, as intended to be introduced into Parliament, from the Society of Apothecaries, observe with unfeigned regret that the said clause still remains unaltered.

Resolved, therefore, That this Committee do, previously to taking any other steps, present to the College of Physicians a respectful Memorial, setting forth more fully the reasons that induce the Committee, and all other Apothecaries, to object to the said clause.

Resolved, That the above resolutions be printed, and sent to all the District Committees. G. M. Burrows, Chairman.

The Committee deem it proper to subjoin the modified form of the clause, and their opinions, which were sent to the Society of Apothecaries, with a request that the same be transmitted to the Royal College of Physicians.

"And be it further enacted, That if any person acting as an Apothecary shall, at any time from and after the passing of this Act, falsely, fraudulently, unfaithfully, and unduly, make up, prepare, compound, sell, or administer, or cause to be so done, any drugs, ingredients, or medicines, whether simple or compound, which may be directed by any Physician, lawfully authorized by the Royal College of Physicians of London to practise physic, in any prescription, order, or recipe, if signed with the initials of his name, in his own hand-writing, &c."

And the Committee are of opinion, first, that no conviction should take place before a magistrate, unless complaints of the offence in question be made by the Physician himself within twenty-one days.

Second, That, within a reasonable distance of London, the Court of Examiners appointed under the Act, be the persons before whom such complaint should be carried.

Third, That no other punishment, except pecuniary penalties, be inflicted for any offence under this Bill.

By order of the Committee,
W. T. Ward, Secretary.

*** *The confident hope we expressed, at the General Meeting on the 12th, that the Clause in the Bill then submitted, making it penal* "on Apothecaries refusing to compound, or unfaithfully compounding Medicines prescribed," *would be so modified before it went to Parliament, as to do away the objectionable parts, subsequent experience proves to be fallacious.*

We did not entertain or advance this opinion incautiously: on the contrary, it was founded on the highest, *and, we conceived, the* best authority. *To what cause to ascribe our disappointment, we confess ourselves ignorant.*

It will be evident from the above resolutions and proceedings of the General Committee, that they are vigilant, and determined to perform their duty: and we trust that their appeal to that Body, in whom alone rests the decision, will be attended with the desired success.

It would be truly lamentable indeed, if a measure, which is calculated to effect such beneficial and necessary regulations for the practice of Apothecaries, and which we consider as the certain precursor of others, for the regulation of Surgery and Midwifery, should be endangered by the attempt to impose a clause, so repugnant to the feelings, and inimical to the interests of so numerous and useful a part of the community. And as this feeling might lead to consequences fatal to the Bill itself, which we should for ever regret, we take this opportunity of observing, that Petitions may be presented to Parliament against a particular part, as well as against the whole of a Bill; and that when a Bill has been read and ordered into a Committee of the House of Commons, it is in that stage in which it may be so altered or modified, as to meet the wishes or intentions of parties interested in its provisions.—EDITORS.

A METEOROLOGICAL TABLE,

From April the 21st, to May the 20th, 1814,

Kept at *Derby,* Lat. 52°: 58′ N.—Lon. 1°: 30′ W.

M	D	Therm. Morn.	Therm. Day.	Barom.		Hyg.	Wind.	Rain.	Remarks, &c.
	21	45	50	29	.67	299	NNW	.22	Stormy, distant Thunder
	22	42	50		.85	313	NW		High Wind & Cloudy
	23	36	48		.87	271	S	.09	Dull
S	24	40	45		.78	230	NW	.20	High Wind, Rainy
	25	38	45		.85	238	N	.07	Dull
	26	40	51		.96	337	N		Ditto
	27	41	51	30	.05	335	S by E	.17	Light Rain
	28	42	47		.01	206	S	.52	Rainy
	29	42	51	29	.92	243	S		Dull
	30	47	56		.94	248	S		Ditto
S	1	47	59	30	.02	229	S		Ditto
	2	48	63		.09	354	S		Light Clouds
	3	40	61	29	.93	342	NE		Ditto
	4	40	47		.82	304	E		Dull
	5	35	45		.60	299	ENE	.50	Rain, Snow at Night
	6	35	45		.49	243	N	.12	Rainy
	7	42	52		.85	257	NE		Dull
S	8	42	55		.95	302	WNW		Ditto
	9	42	54	30	.10	385	NNE		Gloomy
	10	37	50		.25	381	NE		Dull
	11	39	53		.24	315	N		Ditto
	12	34	55		.30	400	ENE		Clear
	13	39	49		.03	351	N		Dew, Dull
	14	42	49		.98	378	N		Dull
S	15	42	55	29	.93	407	Calm		Fine
	16	36	60		.91	461	S		Ditto
	17	47	59	30	.05	431	E		Dull
	18	40	65		.10	479	NE		Light Clouds
	19	42	65		.00	465	ENE		Clear
	20	41	67	29	.94	499	E		Fine

Rain fallen in April, 3.47 inches.

A METEOROLOGICAL JOURNAL,

From the 21st of April, to the 20th of May 1814,

KEPT AT RICHMOND, YORKSHIRE,

NW from London.

D.	Barometer. Max.	Barometer. Min.	Therm. Max	Therm. Min.	Rain Gage.	Winds.	Weather.
21	29 38	29 31	59	38	.15	Vble.	1 R... 2 S..
22	29 59	29 58	56	36		NW...NW..	1 S.
23	29 48	29 37	58	39	.50	SW.NW..	1 S. 2 R...
24	29 52	29 50	44	37	.70	NW..	1 R.... 3 Cy.. 4 Moonsh..
25	29 65	29 60	50	38		NW...NW..	1 Cy.. 2 S.
26	29 77	29 74	53	39		NE..	1 3 S. 2 Sh.. 4 Cy..
27	29 76	29 71	56	40	.07	SE..	1 S. 4 R.
28	29 67	29 65	48	41	.15	SE..	1 R..
29	29 61	29 59	54	42		SSE..	1 Cy..
30	29 62	29 60	60	50		S..S...	1 3 4Cy.. 2 S.
1	29 77	29 75	69	39		W..	1 Cy.. 2 S.
2	29 79	29 72	67	37		W..	1 S... 3 S.
3	29 69	29 63	61	38		NE..	1 S... 3 Cy..
4	29 53	29 42	57	32		NE.	1 3 Cy.. 2 S.. 4 Moonsh..
5	29 29	29 21	52	38	.11	ENE..	1 3 Cy.. 2 S. 4 Sn.
6	29 39	29 28	42	36	.06	ENE.	1 Small Sn.. Small R..
7	29 57	29 56	59	44		N by E.E.	1 Cy..
8	29 82	29 76	55	36		NW..	1 3 4 Cy.. 2 S.
9	30	29 94	57	36		NE..	1 S..
10	30 12	30 11	55	29		NE..	1 S..
11	30 09	30 07	56	38		NE..	1 S..
12	30	29 87	58	42		NE..N..	1 S.. 3 Cy..
13	29 82	29 79	53	39		N..	1 3 4 Cy.. 2 S..
14	29 73	29 66	56	30		N..NE..	1 Cy... 3 S..
15	29 62	29 60	65	41		Vble.SE..	1 S...
16	29 73	29 66	62	42		SE..	1 Cy.. 2 S.
17	29 85	29 82	70	42		SW.SE.	1 S. 3 Cy...
18	29 88	29 88	66	39		SW..SE..N..	1 S...
19	29 86	29 79	60	36		NE..	1 S....
20	29 73	29 68	58	42		NE..	1 S.... 4 Cy...

Observations on Diseases at Richmond.

THE weather has been generally cold this month, particularly the first part of it, which was also very wet. The prevailing diseases have been severe coughs attended with fever, and in some cases Pulmonic Inflammation, which proved fatal to two old people. Asthmas, Ophthalmia, Rheumatism, and Urticaria, have appeared in a few instances. Two more cases of Phthis Pulmonalis have been under treatment since last Report, one of which terminated fatally on the 18th inst. On the same day the Measles made their appearance in a school in the town, which seem at present to be of a very mild kind. Some opportunity may probably be afforded to prove whether Dr. Watt's opinions are founded on truth or not. There are very few children in this town or neighbourhood to have the Measles that have not been vaccinated.

A REGISTER of the DISEASES of LONDON between April 20th and May 19th, 1814, for the London Medical, Surgical, and Pharmaceutical Repository.

DISEASES.	1 S. W.	2 S.	3 S. E.	4 E.	5 N. E.	6 N.	7 N. W.	8 W.	9 Surry side W	10 Surry side E.	11 Hamp Highg	No. of Cases.	Fatal.
Anasarca	4	2	1	9	1	3	5	4	1			30	4
Ascites		1				1	1		1			4	
Asthma	11	5	3	6	5	8	24	2	4	2	6	76	6
Acne	1				1	1			1	1		5	
Apoplexia	2		2	1			2	3				10	5
Aphtha							2		2	2	1	7	
Amenorrhœa	9	1	1	6		3	3	6	3	1		33	
Asthenia	8	7		3	5				4	2	2	31	4
Abortio	1			1		2		1	3	3	3	14	
Atrophia	2											2	
Bronchitis acuta	5					3		2				10	2
——— chronica	7		4				4	4			1	20	1
Cancer	1								1			2	
Chlorosis	7	3					3		4		6	23	
Cholera	8	1	1		1		3	2	3	1		20	
Chorea										1		1	
Cephalalgia	16	5	2	2	4	2	6	6	6	4	3	56	
Colica	2	4		1	2		1	1	5	2		18	
——— Pictonum											1	1	
Catarrhus	56	13	24	20	19	6	47	36	10	11	12	254	
Convulsio	6	1		1		4		2	2	4		20	3
Carditis				3						1		4	
Cynanche Tonsillaris	21	2	2	8	5	5	15	13	5	21	2	99	
——— maligna		1	1				1	1				4	
——— Trachealis	2			1		2	1	2		2		10	2
——— parotidea	3								3			6	
Diabetes	2						1					3	
Dysenteria	1	6	1	2	3		3		2			18	1
Diarrhœa	8	17	15	10	3	2	11	18	11	14	1	110	
Dyspnœa	2	4	1		1	2	6	2		4		22	
Dyspepsia	16	12	6	14	10		29	15	8	8	8	126	
Dysuria	2		1				1			1		5	
Ecthyma					1							1	
Eczema	1									3		4	
Erythema									2	1		3	
Erysipelas	2	5	2	3			9	9	5	2		37	
Enteritis		2	1	1			1	2	1			8	
Entrodynia		4							7	6	3	20	
Enuresis				1								1	
Epilepsia	2	1	1	1	1	2	1	1	2		1	13	
Epistaxis		1				1						2	
Febris remittens	19	12	13	5	8	4	1	6	4	17	4	103	
—— intermittens	3	4	2	2		7	5		5	2	1	31	
—— puerpera	1	1		2	2			2		1		9	1
Gastritis				4			1	1		1		7	
Gastrodynia	17	5		4			1	1	5	3	2	38	
Hæmatemesis		1	1		1	2					1	6	
Hæmoptoe	4	1		5		1		1		1		13	
Hæmorrhois	5	1	2	4	3			5	6	5	1	32	
Hepatitis	2	2	7	20			1		5	6		43	
Hysteria	7	1	1	3	2	1	2	1	4	3	2	27	
Hysteritis	1								1		1	3	
Hydrocephalus				2	1	2	3	2		3		13	8
Hydrothorax	1			2		2		1				6	3
Herpes	4	3		2	1	1	1	3	2	2	1	20	
Hypochondriasis		2	1	3	1	1		1	4		2	15	
Icterus	3	4		7	1	1	4		2			22	

DISEASES.	1 S. W.	2 S.	3 S. E.	4 E.	5 N. E.	6 N.	7 N. W.	8 W.	9 Surry side W	10 Surry side E.	11 Hamp Highg	No. of Cases.	Fatal.
Impetigo	1				1		2					4	
Ischuria	2	2		2			2		1			9	
Leucorrhœa	6		1	8		1	3	2	5	2		28	
Lithiasis	1		1		1							3	
Lepra	1									2		3	
Lichen			2	1					3			6	
Lumbago						1						1	
Mania		2			1		5		2			10	
Menorrhagia	7	10		10	2	2	7	5	7	6	1	57	
Miliaria		2		1								3	4
Morbi Infantiles*	23	12	2	5	1	2	20	34	14	43	5	161	
——— Biliosi	38	2	29	1		3	2	17	21	31	4	149	
Morbus Pediculosus	1											1	1
Nephritis				1			1	2				4	
Obstipatio	8	6	1		12		9		3	2		41	
Odontalgia						1						1	
Ophthalmia	4	9	9	2	3		10	1	5	4	3	50	
Pemphigus								1				1	1
Paralysis	4	2	5	3	2		2	3	2	1		24	15
Phthisis Pulmonalis	4	2	1	4	2	3	17	1	1	1		36	4
Pertussis	9	4		5	2	2	1	5	7	3	6	44	
Peritonitis	1			8			1	1	2	1		14	
Phrenitis			1	1		4				1		7	2
Pneumonia	6	8	3	15	4		21	8	3	7	1	76	
Pleuritis		1					7		4			12	
Podagra	2			4	4		3		3	1	2	19	
Porrigo larvalis	1	3			2							6	
——— scutulata	1					2	1		5	2	1	12	
——— favosa					1				1			2	
Psoriasis	6	2	2	7	2		4	1	3		2	29	
Purpura							1					1	
Pyrosis	1			7			1		2			11	
Prurigo	1											1	
Rheumatis. acut	7	8	8	28	6	4	10	3	7	1	1	73	
——— chron.	10	2		9	24	5	20	11	10	10	5	106	10
Rubeola	6	33		2			53	6	8	11	3	122	
Scabies	6	5	3		3	8	43		4	2		74	
Scarlatina simplex	7	1		1		4	1	2	3	2	3	24	
——— anginosa	8			2		2			4	9	1	26	2
——— maligna				4		2						6	
Scrofula	9		1	5	4	4			3	3	3	32	
Synochus	2				3				2			7	2
Tabes Mesenterica	3		3	4				1	2		1	14	4
Typhus	3	2	1	2	1				2			11	3
Variola	4			5	3	5	2	3	3	1	1	27	
Varicella	1				3		3	4	4	1		16	
Vermes	4	7		5		1	1		7	7		32	1
Vertigo	8		8	3	1		2	4	5	6		37	
Urticaria	5	4		3	2			2	3	4	3	26	
	486	263	177	307	172	125	454	272	295	305	111		
Total No. of Cases												2967	
Total of Deaths													89

* *Morbi Infantiles* is meant to comprise those Disorders principally arising from dentition or indigestion, and which may be too trivial to enter under any distinct head; *Morbi Biliosi*, such Complaints as are popularly termed *bilious*, but cannot be accurately classed.

☞ It is particularly requested that the fatal termination of any disease be carefully noted in the column for Deaths. The Editors will also be infinitely obliged to their Reporters, if, on the backs of their Registers, they will briefly notice any thing remarkable in the Cases, or in the remedies applied. *** *The returned Registers should be sent to Mr. BURROWS, Bloomsbury Square, between the 20th and 23d of every month.*

AN ABSTRACT from the REGISTER of those DISEASES of LONDON, presumed to originate in, or be influenced by, the State of the ATMOSPHERE, with a DIURNAL REFERENCE to the METEOROLOGICAL TABLE.

METEOROLOGICAL TABLE,

From the 20th of APRIL, to the 19th of MAY, 1814.

M.	Therm.			Barom.		Hygrom. Dry.			Hygrom. Damp.	Winds.	Atmos. Variation.	D.
●	52	62	54	29^{7}	^{8}	9	16	12		E..	FOG..F...F..R... in N	20
	50	57	45	29^{7}		7	11	12		W..	F.R..C..R.F..	21
	45	56	46	29^{8}	30	10	26	16		NW...	C...F..C.F....	22
	44	53	49	30	29^{9}	12	6	4		W..	C...R.F.R..	23
	44	47	43	29^{8}		4	5	6		NW...	C...C...R..	24
	44	48	43	29^{9}	^{8}	7	9	6		NW...	C...R..R.	25
◐	45	50	46	29^{9}	30	5	8	7		N..	C...R.C..F...	26
	43	50	46	30^{2}		6	11	8		NE..SW.	F....F..C..R.	27
	45	48	45	30^{2}	^{1}	7	6	5		SW..	R..R..R.	28
	45	53	50	30^{1}		2	12	8		S.	R.F..C..	29
	51	61	52	30	^{1}	10	36	28		SW..	C..F...F....	30
	52	68	56	30^{2}		26	41	37		SW..	F....F....F....	1
	55	65	53	30^{2}		26	29	13		E..	C..C.F....	2
	54	67	52	30^{1}	30	13	42	33		E..	F...F....F....	3
○	50	62	45	29^{9}	^{8}	25	31	26		E.	C..F...F...R. in N	4
	44	49	43	29^{6}	^{5}	25	17	9		E...	R.R..F..R..	5
	48	56	50	29^{4}	^{6}	8	20	6		S..W.E.	R.F.R..C.Fog in N	6
	51	64	56	29^{8}	30	3	16	11		E.W.	Fog.F..F..	7
	54	66	56	30	30^{1}	5	35	16		SW.NE.	C.F....F...	8
	50	64	45	30^{2}	30^{3}	14	31	16		NE..	C..F....F....	9
	45	56	45	30^{5}	^{4}	16	21	24		NE..	C..C..C.	10
◑	44	54	43	30^{4}		19	33	28		NE..	F...F...F...	11
	43	56	47	30^{4}	^{3}	20	35	26		NE..	F...F...F..	12
	47	56	46	30^{2}	30	20	15	14		NW. NE..	R.R..C..R.	13
	45	53	47	30		10		11		NW..NE..	C....C...C...	14
	47	56	48	30		10	21	14		NE..	C..F...C..	15
	46	55	52	29^{9}	30	13	17	16		SE..NW.	C..F...C..	16
	49	65	55	30^{1}	^{2}	12	38	24		E..SE..	C...F...F..	17
	53	64	55	30^{2}	^{1}	20	41	26		NE.SE..	F..F....F...	18
●	52	69	56	30^{1}		22	43	35		NE.. E...	F....F....F....	19

D.	Asthma.	Apoplexia.	Bronchitis.	Cholera.	Cephalalgia.	Colica.	Catarrhus.	Cynanche.	Cynanche Trachealis.	Dysenteria.	Diarrhœa.	Dyspnœa.	Erysipelas.	Febres.	Hæmoptoe.	Morbi Biliosi.	Ophthalmia.	Paralysis.	Phthisis.	Pertussis.	Pneumonia.	Podagra.	Rheumatismus.	Rubeola.	Scarlatina.	Synochus.	Typhus.	Variola.	Varicella.	Vertigo.	Urticaria.
20	4	2	—	1	4	—	13	4	—	—	7	4	2	4	—	6	2	—	1	—	3	1	6	6	1	—	—	—	—	—	2
21	5	—	—	1	5	—	6	4	—	—	4	1	3	10	—	11	4	1	1	1	3	1	7	3	—	2	—	1	—	2	2
22	6	—	1	—	5	1	16	4	—	1	5	—	1	7	1	10	5	3	1	—	3	1	8	3	2	—	—	—	—	3	—
23	2	—	2	2	—	—	10	2	1	—	5	—	—	5	—	8	3	—	—	3	4	1	6	9	1	—	1	1	1	—	2
24	1	1	1	1	1	1	6	—	—	2	7	—	2	3	2	2	2	—	3	—	2	—	9	2	2	—	1	—	—	1	1
25	7	1	2	2	4	—	7	4	1	2	5	1	4	11	—	7	3	—	—	3	1	3	9	4	—	—	2	—	—	1	2
26	2	1	2	1	—	—	3	4	1	1	7	—	2	5	2	3	4	2	2	2	4	—	9	6	4	—	1	5	—	1	1
27	1	—	5	—	1	—	4	5	1	—	3	—	2	4	—	6	1	1	—	—	—	—	12	2	3	—	1	—	—	—	—
28	3	—	1	—	1	—	17	4	1	2	2	—	1	6	1	5	3	1	—	—	2	—	10	9	3	—	—	—	2	—	1
29	3	1	1	—	2	1	7	2	—	1	1	—	2	9	2	3	1	—	3	2	1	2	11	8	5	—	—	—	—	2	—
30	2	1	—	—	1	1	8	1	—	2	1	1	—	7	—	8	3	—	3	3	2	1	5	7	3	—	—	2	—	1	—
1	2	—	—	—	1	2	8	2	—	—	3	1	1	4	—	1	2	—	2	—	2	1	3	3	3	1	—	1	1	—	3
2	2	1	1	1	4	2	8	9	1	2	—	1	1	3	—	6	1	—	—	3	4	1	5	7	7	—	—	1	2	3	1
3	4	—	—	1	7	1	9	7	—	—	4	1	4	2	—	2	1	2	2	3	5	2	13	8	7	—	—	1	2	3	—
4	2	1	1	—	2	—	7	9	1	—	6	1	2	4	1	8	—	—	1	—	3	—	8	4	3	—	1	4	1	2	—
5	3	1	—	2	1	—	5	8	—	—	2	2	—	3	1	9	1	1	2	9	3	—	5	5	2	—	—	—	—	3	1
6	3	—	1	—	1	1	16	7	—	3	7	—	3	8	1	4	—	—	1	—	3	—	3	5	3	—	—	1	—	1	1
7	4	—	—	—	—	2	11	5	—	—	2	—	1	3	—	2	2	2	2	1	2	1	3	4	—	—	1	3	—	2	1
8	2	—	—	1	—	1	3	—	—	—	—	1	1	3	1	4	1	—	1	1	—	—	5	1	1	1	1	—	1	1	1
9	—	—	3	—	1	2	9	2	—	—	2	—	—	5	—	5	3	—	—	1	3	1	3	2	1	—	—	—	1	—	—
10	3	—	2	—	1	1	10	4	—	2	3	—	—	4	—	3	2	2	1	4	2	—	4	4	—	—	—	—	1	1	2
11	—	—	3	1	6	1	10	2	1	—	8	—	—	4	—	6	2	1	3	3	4	1	8	2	1	2	—	1	—	3	—
12	4	—	—	—	2	1	5	8	—	—	1	1	1	5	—	6	—	2	1	1	3	—	2	1	—	—	1	—	—	2	—
13	—	—	1	1	—	1	12	1	1	—	4	—	1	2	—	1	2	1	2	—	2	—	3	5	1	—	—	2	—	—	3
14	1	—	—	—	1	—	10	2	1	—	1	2	—	2	—	2	—	—	—	1	4	—	5	1	—	—	—	1	2	2	—
15	2	—	—	—	3	—	10	3	—	—	2	1	3	4	—	5	—	1	—	—	2	1	3	3	1	1	—	1	—	1	—
16	3	—	1	—	—	—	4	2	—	—	3	2	—	3	1	6	—	—	—	—	1	—	3	—		—	—	1	1	—	—
17	3	—	1	2	—	—	4	3	—	—	4	—	—	4	—	2	—	2	2	2	—	—	6	—	2	—	1	1	—	—	2
18	3	—	1	1	2	—	9	4	—	—	7	1	—	5	—	3	1	2	1	1	2	1	3	2	—	—	—	—	1	2	—
19	1	—	—	2	1	—	7	—	—	—	3	1	—	4	—	5	1	—	1	1	6	—	4	6	1	—	—	—	—	—	—
No. of Cases...	76	10	30	20	56	19	254	109	10	18	110	22	37	143	13	149	50	24	36	44	76	19	179	122	56	7	11	27	16	37	26
Fatal...........	6	5	3	—	—	—	—	—	2	1	—	—	—	1	—	—	—	1	15	4	2	—	—	10	2	—	4	3	—	1	—

Princes Street, Cavendish Square.

Total of Cases,...1706. Total of Deaths,...56.

Quantity of Rain, from the 20th of April to the 19th of May, 86-100 of an inch.

BILL OF MORTALITY, *from April 12th, to May 10th*, 1814.

CHRISTENED.	*Apl.* 12-19.	*Apl.* 26.	*May* 3.	*May* 10.	Total.
Males.........	198	212	211	129	
Females......	213	181	233	145	
	411	393	444	274	1522
				Increase.........	285

BURIED.	*Apl.* 12-19.	*Apl.* 26.	*May* 3.	*May* 10.	Total.
Males.........	192	189	145	135	
Females......	181	198	129	109	
	373	387	274	244	1278
				Decrease........	301

OF WHOM HAVE DIED,

Under 2 yrs...	100	107	97	65
Betw. 2 & 5...	32	37	33	23
5 & 10...	16	13	10	13
10 & 20...	10	12	13	10
20 & 30...	22	22	18	12
30 & 40...	33	33	19	24
Small Pox....	3	6	3	1 Total..13

Betw. 40 & 50...	46	48	20	27
50 & 60...	40	37	22	26
60 & 70...	35	35	18	18
70 & 80...	25	30	16	15
80 & 90...	13	13	8	8
90 & 100...	1			3
Measles............	11	3	11	9 Total 34

THE general character of the weather has been, throughout this interval, a harsh and dry coldness, with winds from the East, or varying from that point to the South sometimes, but generally to the North. Rain in small quantities on thirteen days. On the first of May, a remarkable decrease of atmospherical humidity, which varied for some days, till, on the 7th, 8th, and 9th, the moisture, connected with depression of the column of mercury in the barometer, was much increased. The 5th of May was cold and stormy, with light rain; on the 6th, there was a dense fog throughout the night; the 15th was cold and winterly throughout. On the 19th there was a considerable increase of temperature, but the atmosphere, though nearly cloudless, was obscured by a dry haziness, supposed to be smoke driven by the East wind from the City: it is a fact, however, that this phenomenon does not occur on all days with an East wind; therefore depending on some yet undefined state of the atmosphere.

The Bill of Mortality of the last Month satisfactorily proves, that the ravages of the Winter blast have given way to the influence of the more genial Spring. Hence we find, that there is a diminution in the deaths of no less than 301; while, as if Nature were exerting her powers to restore the equilibrium in population, there is an increase of 285 births: the total 1522, being greater than in any preceding month of the present year. Examination of the Table will shew a remarkable uniformity in the number of Deaths at the respective ages that occurred between the 12th and 26th of April, during eleven days of which, there was less variation of atmospheric temperature than ordinary. Since

the 26th, the thermometer has taken a lower range, with an easterly wind; which perhaps has contributed to keep up the same classes of disease as most prevailed in our last Report.

Fresh cases of Phthisis Pulmonalis are not so frequent; but the proportion of deaths (15) is evidence, that many, who have dragged on a protracted existence through the winter, are now quickly finding that "bourne whence no traveller returns." Of the increased severity of the affections of the liver, Hepatitis is a proof; and perhaps the greater number of cases of Icterus is a consequence.

Measles have greatly augmented; but are not generally epidemic. At present they seem principally confined to the 2d or S. and to the 7th or N. W. Districts. Ten deaths are reported out of 122 cases. All these deaths were among paupers, patients of public charities: two died of Pneumonia, and five were in a state of Marasmus when attacked. In a family, three children were in the Measles at the same time; one only had had Small-pox, and that child had the disease much more severely than the other two who had been vaccinated. Small-pox and Croup are more general; of the latter two cases have ended fatally. Hooping-cough is declining.

A case of Tenia was cured by the exhibition of Spir. Terebinth.

One of our contributors has favoured us with a case of Ascites, which appears to have been cured by medicine only. Elizabeth Jones had been gradually increasing in the size of the abdomen for about a year, till she greatly exceeded in bulk any patient that had been seen in a similar disease. The physician to whom she applied, prescribed a draught to be taken three times a day; with Sp. Æther. Nitr. Tæ. Scillæ, and Tæ. Digitalis; and the following pills to be taken every third morning: Gum Gambog. gr. iv. Hydrar. Submur. gr. ij. Elaterii, one third of a grain, cons. q. s. ft. Pilul. ij. She continued the above five months, and gradually passed the whole of the fluid, and recovered.

The subject of one of the cases of Carditis was a lady about forty years of age. She had been troubled for six or eight days with a slight cough; but was otherwise free from complaint. On getting out of bed in the morning, she first felt a sharp pain in the region of the heart, which gradually increased, till about five in the afternoon, when it became insupportable. Every inspiration produced a sensation as if a knife were piercing the heart; the palpitation was so considerable as to be almost audible; and some degree of tenderness was experienced on pressing the part, although, after a few seconds, this pressure, if equable, seemed to afford some ease: the pulse was 120, hard, full, incompressible; the countenance flushed, and depicting anxiety. Eighteen ounces of blood were instantly abstracted from the arm, which seemed to procure immediate relief: a blister was applied over the part; and a mixture consisting of Liq. Ammon. Acet. Tæ. Digitalis, Nitrate of Potass, in Almond Mixture, was ordered, of which she was directed to take one fifth part every fourth hour. The bowels had been well opened in the morning. On the following day the patient was much relieved; the blister had risen well, and the bowels continued open. The medicines were continued till all the symptoms were nearly gone, from which she was free in about five days. The pain still however recurred on the least exertion; but was soon entirely subdued by the introduction of an issue between the 7th and 8th ribs.

St. Bartholomew's Hospital contains a case of the elephantiasis of Aratæus, as described by Dr. Adams. The subject is nearly 15 years old, yet the progress towards puberty, instead of advancing, seems retrogade.

Dr. Adams's Summer Course of Lectures, on the Institutes and Practice of Medicine, will commence the second Tuesday in June.

Dr. Davis will deliver his Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, on the 6th of June, at Ten o'Clock in the Morning, at his House, No. 18, Lower Charlotte Street, Bedford Square.

Mr. Brookes will commence his Summer Course of Lectures on Anatomy, Physiology, and Surgery, on Monday the 6th of June, at Seven o'Clock in the Morning, at the Theatre of Anatomy, Blenheim Street, Great Marlborough Street.—The Museum will be open some time during the Summer, when every Gentleman desirous of viewing the collection of preparations may obtain a ticket of admission, by sending his name and address (post paid), directed to Mr. Bruce, Curator, Theatre of Anatomy, Blenheim Street.

Mr. Thomson's Botanical Lectures are delivered at No. 39, Sackville Street, instead of at Mr. Brookes's Anatomical Theatre, as formerly announced.

Dr. Hooper and Dr. Ager will begin their next Course on the Theory and Practice of Physic, Chemistry, and the Materia Medica, at the Theatre of Mr. Brookes, Blenheim Street, Great Marlborough Street, on Monday, June 6th, at Two o'Clock. Three Courses are given yearly, in February, June, and October, each on the First Monday of the Month.

Dr. Squire will, on Tuesday the 7th of June, begin a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children, at his house, Ely Place, Holborn.

Monthly Prices of Substances *employed in* Pharmacy.

(H signifies higher in price; L lower, since the last Report.)

		S.	D.
Acaciæ Gummi elect.	lb.	4	0
Acidum Citricum		28	0
—— Benzoicum	unc.	6	6
—— Sulphuricum	P. lb.	0	7
—— Muriaticum		1	0
—— Nitricum		2	6
—— Aceticum	cong.	4	6
Alcohol	M. lb.	4	6 L
Æther sulphuricus		10	6
—— rectificatus		12	0
Ærugo	lb.	6	6 L
Aloes spicatæ extractum		6	0
— vulgaris extractum		5	6 H
Althææ Radix		1	3
Alumen		0	5
Ammoniæ Murias		3	0
———— Carbonas		3	0
Amygdala dulcis		5	9
Ammoniacum (Gutt.)		8	0 H
——— (Commun.)		3	6
Anthemidis Flores		2	3
Antimonii oxydum			
——— sulphuretum		1	0
Antimonium Tartarizatum		5	6
Arsenici Oxydum		1	0
Assafoetida Gummi-resina		7	6
Aurantii Cortex		3	6
Argenti Nitras	unc.	6	9
Balsamum Peruvianum	lb.	24	0
—— Tolutanum		18	0
Benzoinum elect.		10	0 L
Calamina præparata		0	4
Calumbæ Radix		3	0
Cambogia		9	6
Camphora		10	0
Canellæ Cortex		3	6

		S.	D.
Cardamomi Semina apt.	lb.	14	6
Cascarillæ Cortex		6	6 L
Castoreum	unc.	4	6
Catechu Extractum	lb.	2	4
Cetaceum		3	0
Cera alba		4	0
—— flava		3	6
Cinchonæ cordifoliæ Cortex (yellow)		8	6
—— lancifoliæ Cortex (quilled)		10	6
—— oblongifoliæ Cortex (red)		16	0
Cinnamomi Cortex		18	6 H
Coccus (Coccinella)	unc.	4	[illegible]
Colocynthidis Pulpæ	lb.	9	0 L
Copaiba		7	6
Colchici Radix		3	6
Croci stigmata	unc.	4	6
Cupri sulphas	lb.	1	0
Cuprum ammoniatum		12	0
Cuspariæ Cortex		4	0
Confectio aromatica		10	0
—— Aurantii		3	6
—— Opii		6	0
—— Rosæ Caninæ		2	0
—— Rosæ Gallicæ		2	6
—— Sennæ		1	8
Emplastrum Lyttæ		7	6
——— Hydrargyri		3	0
Extractum Cinchonæ	unc.	3	0
——— Cinchonæ resinos.		4	6
——— Colocynthidis		2	6
——— Colocynthidis comp.		1	6
——— Conii		[illegible]	6
——— Gentianæ		0	6
——— Glycyrrhizæ	lb.	3	6
——— Hæmatoxyli	unc.	0	6
——— Humuli		0	6

		S.	D.
Extractum Hyosciami	unc.	1	0
—— Jalapæ - 2*s.* 0*d.*	Res.	3	6
—— Opii	-	3	6
—— Papaveris	-	1	0
—— Rhæi	-	2	6
—— Sarsaparillæ	-	0	9 L
—— Taraxaci	-	0	6
Ferri carbonas	lb.	0	9
— sulphas	-	1	3
Ferrum ammoniatum	-	4	0
—— tartarizatum	-	4	6
Galbani Gum-resin.	-	8	0
Gentianæ Radix	-	1	0
Guaiaci Resina	-	6	6
Hydrargyrus purificatus	-	5	6 L
Hydrargyri Oxymurias	unc.	0	8
—— Submurias	-	0	9
—— Nitrico-Oxydum	-	0	8
—— Oxydum Cinereum	-	1	4
—— Oxydum rubrum	-	5	6
Hydrarg[illegible]cipitatus albus	-	0	9
Hydrargyri S[illegible]uretum rubrum	-	0	8
Hellebori nigri Radix	lb.	2	6 L
Ipecacuanhæ Radix	-	28	0
—— Pulvis	-	29	0 H
Jalapæ Radix	-	6	3
—— Pulvis	-	7	0
Kino	-	20	0 L
Liquor Plumbi Acetatis	M. lb.	1	4
— Ammoniæ	-	1	6
Linimentum Camphoræ comp.	-	6	0
Lichen Islandicus	lb.	1	10
Lyttæ	-	14	0 L
Magnesia	-	9	0
Magnesiæ Carbonas	-	2	6
—— Sulphas, opt.	-	1	4
Manna optima	-	9	0
— communis	-	6	0
Moschus pod, 26*s.*	in gr. unc.	36	0
Mastiche	lb.	6	6
Myristicæ Nuclei	-	24	0 L
Myrrha elect.	-	7	0
Olibanum	-	3	0
Opoponax	-	26	0
Opium (Turkey)	-	36	0
Opium (East India)	-	34	0
Oleum Amygdalæ	lb.	5	6
— Anisi	unc.	2	9
— Anthemidis	-	6	0
— Cinnamomi Cassia	-	8	0
— Caryophilli	-	5	6 L
— Cajuputi	-	6	6
— Carui	-	1	9
— Juniperi	-	4	0
— Lavendulæ	-	4	0
— Lini	cong.	7	6 L
— Menthæ piperitæ	unc.	4	6
— — viridis	-	2	0
— Olivæ	cong.	26	0
— Olivæ secundum	-	18	0
— [illegible]ntæ	unc.	5	0
— Ricini optim.	(per bottle)	10	6
— Rosmarini	unc.	0	9
— Succini 2*s.* 4*d.* ——	rect.	4	0
— Sulphuratum	M. lb.	1	4 L
— Terebinthinæ	-	1	9 L
— — rectificatum	-	2	3 L
Papaveris Capsulæ	(per 100)	3	0

		S.	D.
Plumbi Carbonas	lb.	0	8
— Superacetas	-	2	6
— Oxydum semi-[illegible]treum	-	0	8
Potassa Fusa	unc.	0	9
— cum Calce	-	0	6
Potassæ Nitras	lb.	1	0
— Acetas	-	8	0
— Carbonas	-	1	6
— Supercarbonas	-	4	0
— Sulphas	-	1	0
— Sulphuretum	-	2	0
— Supersulphas	-	0	0
— Tartras	-	3	0
— Supertartras	-	2	0
Pilulæ Hydrargyri	unc.	0	9
Pulvis Antimonialis	-	0	8
Resina Flava	lb.	0	5
Rhæi Radix (Russia)	-	30	0
—— (East India)	-	12	0
Rosæ Folia	-	12	0
Sapo (Spanish)	-	2	6
Sarsaparilla Radix	-	6	0
Scammoneæ Gum-Resina	unc.	2	6
Scillæ Radix siccat	lb.	5	6
Senegæ Radix	-	4	0
Sennæ Folia	-	7	0
Serpentariæ Radix	-	21	0
Simaroubæ Cortex	-	4	6
Sodæ Boras	-	4	8 L
— Sulphas	-	0	9
— Carbonas	-	7	0
— Subcarbonas	-	1	6
— — exsiccata	-	4	0
Soda tartarizata	-	3	0
Spongia usta	-	24	0
Spiritus Ammoniæ	M. lb.	4	0
—— —— aromaticus	-	4	0
—— —— fœtidus	-	4	0
—— —— succinatus	-	5	0
— Cinnamomi	-	2	6 L
— Lavendulæ	-	4	6
— Myristicæ	-	3	6
— Pimentæ	-	3	6
— Rosmarini	-	4	0
— Ætheris Aromaticus	-	5	6
— — Compositus	-	5	6
— — Nitrici	-	4	0
— — Sulphurici	-	6	6
— Vini rectificatus	cong.	26	0 L
Syrupus Papaveris	lb.	2	0
Sulphur	-	0	5
— Sublimatum	-	0	8
— Lotum	-	1	0
— Præcipitatum	-	1	0
Tamarindus opt.	-	2	6
Terebinthina Vulgaris	-	0	10
Terebinthina Canadensis	-	6	0 H
Terebinthina Chia	-	7	6
Tragacantha Gummi	-	9	6 L
Valerianæ Radix	-	1	10
Veratri Radix	-	1	6
Unguentum Hydrargyri-fortius	-	5	6
—— —— Nitratis	-	2	8
—— —— Nitrico-oxy.		3	0
Uvæ Ursi Folia	-	2	6
Zinci Oxydum	-	5	6
— Sulphas purif.	-	2	6
Zingiberis Rad[illegible]	-	2	6

Prices of New Phials per Gross.——8 oz. 70*s* —6 oz. 58*s.*—4 oz. 47*s.*—3 oz. 43*s.*—2 oz. and 1½ oz. 36*s.*—1 oz. 30*s.*—half oz. 24*s.*——The London Glassmen allow 10 per Cent, ready money.——The Manufacturers in the Country, where all Phials are made, allow 27½ discount, at three months credit, (carriage free,) to London.

Prices of second-hand Phials, cleaned, and sorted.——8 oz. 46*s.*—6 oz. 44*s.*—4 oz. 33*s.*—3 oz. 30*s.*—2 oz. and all below this size, 24*s.*—Three months credit.

English Hirudines, 7*s.* per dozen at Covent Garden Market.

*** *It has been objected by some of our Correspondents, that the prices in the above differ widely from those charged by other druggists, and that, therefore, they cannot rely on it.— We are not dealers in drugs; consequently obliged to depend on those who are so. The List is regularly priced, every month, by one of the most respectable Houses in London: the address we do not attach to the List, because it might be deemed invidious. But we shall be happy in [illegible]rring all inquiries (post paid) to the House alluded to.—The prices of Phials are from our own Bills of Parcels.*

MONTHLY CATALOGUE OF BOOKS.

A Bill for enlarging the Charter of the Society of Apothecaries in the City of London, granted by His Majesty King James the First, and for better regulating the Practice of Apothecaries throughout England and Wales. Published by order of the London Committee of Associated Apothecaries, &c. — *With an Appendix, containing the Alterations and Additions made since the General Meeting of Apothecaries.* 8vo. Callow.

A Treatise on the supposed Hereditary Property of certain Diseases, particularly Madness and Scrofula: with Remarks on Dr. Bateman's Synopsis of Cutaneous Diseases. By Jss. Adams, M. D. &c &c. 8vo. Callow.

A Practical Account of the Fever commonly called Bilious Remittent, &c. By William Burnett, M. D. 8vo. Callow.

A Treatise on the Nature, Causes, and Cure of the Endemic, or Yellow Fever of Tropical Climates, as it occurs in the West Indies, &c. &c. By Charles Powell, lately from the Island of Antigua. 8vo. Callow.

An Essay on the Prevention and Cure of Insanity: with Observations on the Rules for the Detection of Pretenders to Madness. By George Nesse Hill, Medical Surgeon, &c. 8vo. Longman and Co.

Letters, addressed to His Royal Highness the Duke of Kent, on Consumption. By James Sutton, M. D. 8vo. Underwood.

INDEX INDICATORIUS.

It is with the utmost reluctance that we are again compelled to postpone the Medical Intelligence, which is consequently much in arrear. The cause of the omission will be evident, in the very full account we thought it our duty to detail of the proceedings of the GENERAL MEETING of APOTHECARIES, and of the LONDON COMMITTEE.

To Dr. Wade *we are much obliged for his polite attention and information. The favours of* Dr. Ramsbotham, Dr. O'Donnel, Dr. Robertson, *and others, are received.* Dr. —— *knows little relative to printing a periodical publication of such large circulation as the* REPOSITORY, *if he conceive his Strictures on the Bill now pending for the* Regulation of Mad-Houses *could be inserted in the present Number, when not sent till the 27th ult. He will excuse us if we hint, that, in a matter so much affecting the Public, the Newspapers appear to be a more appropriate medium for his remarks than a Medical Journal. Upon a subject, however, as nearly connected with Medical Practice as with social happiness, we can have no reluctance to insert proper observations.*

We wish we could give some satisfactory answer to the query of Medicus. *The case is undoubted* Prurigo podicis, *and surely no uncommon occurrence. By laying the question, as to the best mode of treatment, before the Faculty at large, in the pages of the* REPOSITORY, *possibly information may be elicited applicable to the case stated by* Medicus.

*** The Title and Index to this Volume will be given with the next Number.

Communications intended for insertion in the subsequent Number, should reach us before the 12th of the month. They are respectfully solicited, and should be addressed (free of expence) to Mr. Burrows, *Bloomsbury Square: by whom Books for the Review Department, Articles of Intelligence, &c. &c. will also be received.*

CORRIGENDA.

Page 20. line 19. *for* fias *read* fiat
25. — 34. *dele* ex
30. — 35. *for* renders *read* render
87. — 7. *for* south *read* north
Table I. *for* Bronchitis acutus *read* acuta
—— chronicus *r.* chronica
106. — 14. *read* 5 ounces
129. — 20. *for* Shacle *read* Scheele
133, 134, *for* Medical Intelligence *read* Medical Science and Literature
135. — 16. *for* in *read* on
168. — 16. *for* Edward *read* Everard

Page 168. line 33. *read* ammoniated
170. — 16. *for* calculus *read* calculous
27. *read* Cuthbertson
174. — 16. *for* Bergelius *read* Berzelius
182. — 6. *transpose* 1480 *and* 1513
205. — 14. *read* acquainted
290. — 41. *for* —— *read* 1810
401. — 31. *dele* If
403. — 13. *read* carbonaceous
406. — 1. *after* and *add* the
414. — 49. *for* increased *read* decreased
417. — 6. *after* and *add* not